

11:41

DARDEN REST., INC

487 245 5159 P.01

TRANSMITTAL LETTER

PO0000064858

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

500003301205--0
-06/22/00--01070--008
*****78.75 *****78.75

SUBJECT:

QUALITY DENTAL CARE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

HELENE P. TA, D. D. S.

Name (Printed or typed)

623 DORY LANE K110

Address

ALTAMONTE SPRINGS, FL 32714

City, State & Zip

352 - 255 - 5538

Daytime Telephone number

06 JUL - 6 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

T. SMITH JUL - 6 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 26, 2000

HELENE P., TA, D.D.S.
623 DORY LN, K110
ALTAMONTE SPRINGS, FL 32714

SUBJECT: QUALITY DENTAL CARE, INC.
Ref. Number: W00000016241

We have received your document for QUALITY DENTAL CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 400A00035981

ARTICLES OF INCORPORATION

In compliance With Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

~~QUALITY DENTAL CARE, INC.~~
LAKE QUALITY DENTAL, INC.ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2390 W. 8th Highway #441, Suite 4
Mt. Dora, FL 32757ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide dental care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Helene P. Ta
623 Dory Lane K110
Altamonte Springs FL 32714ARTICLE VI REGISTERED AGENTThe name and Florida street address of the registered agent is:Helene P. Ta
623 Dory Lane K110
Altamonte Springs, FL 32714ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Helene P. Ta
623 Dory Lane K110
Altamonte Springs, FL 32714

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

6/19/00

Signature/Incorporator

Date

6/19/00