

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : BLAXBERG & GRAYSON, P.A.  
Account Number : I19990000119  
Phone : (305) 381-7979  
Fax Number : (305) 371-6816

FLORIDA PROFIT CORPORATION OR P.A.

Sanchez & Fernandez, D.D.S., P.A.

Certificate of Status	1
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Page Count	04
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ARTICLES OF INCORPORATION OF  
SANCHEZ & FERNANDEZ, D.D.S., P.A.

ARTICLE I.

CORPORATE NAME

The name of this corporation shall be: SANCHEZ & FERNANDEZ, D.D.S., P.A.

ARTICLE II.

NATURE OF CORPORATE BUSINESS

This Corporation, through its officers and employees, shall be authorized to engage in every aspect of the practice of Dentistry within the State of Florida and to engage in any activity which will facilitate and promote the practice of Dentistry. Additionally, this Corporation shall have the authority to invest its funds in real estate, mortgages, stocks, bonds and all other types of investments permitted by Chapter 621, Florida Statutes, as amended. This Corporation shall not be authorized to engage in any business other than the practice of Dentistry and those activities permitted by Chapter 621, Florida Statutes, as amended.

ARTICLE III.

CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Thousand (1,000) shares of common stock having a par value of One Dollars (\$1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be: Julio C. Sanchez, D.D.S., 16009 N.W. 82 Place. Miami Lakes, FL 33016.

ARTICLE V.

MAILING ADDRESS OF CORPORATION

The Corporation's mailing address shall be: SANCHEZ & FERNANDEZ, D.D.S., P.A., c/o Julio C. Sanchez, D.D.S., 16009 N.W. 82 Place. Miami Lakes, FL 33016.

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ARTICLE VI.

BOARD OF DIRECTORS

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

ARTICLE VII.

INITIAL DIRECTOR

The name and post office address of the first Director of the Corporation is:

<u>Name</u>	<u>Address</u>
Julio C. Sanchez, D.D.S.	16009 N.W. 82 Place Miami Lakes, FL 33016

The first Director shall hold office until the first annual meeting of the Stockholders of the Corporation.

ARTICLE VIII.

INCORPORATOR

The name and post office address of the Incorporator executing these Articles of Incorporation is:

<u>Incorporator</u>	<u>Address</u>
Julio C. Sanchez, D.D.S.	16009 N.W. 82 Place Miami Lakes, FL 33016

ARTICLE IX.

APPLICABILITY OF PROVISIONS OF PROFESSIONAL SERVICE CORPORATE ACT

This Corporation is organized to constitute a professional corporation as defined by the Professional Service Corporation Act, Florida Statutes Chapter 621. Accordingly, this Corporation, its officers, directors and stockholders, shall be subject to all the Sections of said Act concerning the formation of the Corporation, the conduct of its business and the liabilities, rights, privileges and immunities of the Corporation, its officers, directors and stockholders, as specified in Chapter 621, Florida Statutes, as amended.

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THE UNDERSIGNED Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.

SANCHEZ & FERNANDEZ, D.D.S., P.A.

*Julio C. Sanchez, D.D.S.*  
Julio C. Sanchez, D.D.S.

STATE OF FLORIDA :  
: SS  
COUNTY OF MIAMI-DADE :

BEFORE ME, the undersigned authority, appeared Julio C. Sanchez who is personally known to me or who has produced as identification, and acknowledged that he/she/they executed said Articles of Incorporation, and who did take an oath.

WITNESS my hand and seal in the State and County aforesaid, this 22 day of July, 2000.



Alexandra J. Sanchez  
Commission # CC 951828  
Expires June 29, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

*Alexandra J. Sanchez*  
NOTARY PUBLIC, State of Florida  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

The undersigned hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.

*Julio C. Sanchez, D.D.S.*  
Julio C. Sanchez, D.D.S.

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