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OF

UNITED DENTAL MANAGEMENT INC.

These Articles are in compliance with Chapter 607. F.S.

<u>Article I</u>

The name of this corporation shall be:

UNITED DENTAL MANAGEMENT INC.

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be:

4759 PALM AVENUE #157 HIALEAH, FL 33012

<u>Article IV</u>

The general nature of business of this corporation is to transact any and all lawful business.

<u>Article V</u>

The number of share which this corporation shall have authority to issue is 500 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

<u>Article VI</u>

The name and street address of the initial Registered Agent of this corporation shall be:

MARIA VASALLO 4759 PALM AVENUE #157 HIALÉAH, FL 33012

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<u>Article VII</u> The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s):

> PRESIDENT ANDROS MARTIN 4759 PALM AVENUE #157 HIALEAH, FL 33012

SECRETARY / TREASURER ANDRE VASALLO 4759 PALM AVENUE #157 HIALEAH, FL 33012

<u>Article VIII</u>

The name and address of the incorporator executing these Articles of Incorporation is:

ANDROS MARTIN 4759 PALM AVENUE #157 HIALEAH, FL 33012

The undersigned has executed these Articles of Incorporation this 2nd day of August, 2000.

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HOCOOOO40570 <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Jana Vasalle

Registered Agent



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