# P00000009694

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

900003435459--8 -10/23/00--01095--010 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:	Marlydent Dental (PROPOSED CORPORA)	Services, Inc. TENAME- <u>MUSTINCLÜ</u>	DE SUFFIX)	
		• •		
Enclosed is an original	d and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Marleny L Caday: Name (Pr	inted or typed)		
Miami, FL 33181  City, State & Zip				

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

Cars,

### \*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:

Marlydent Dental Services, Inc.

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13499 Biscayne Blvd Miami, fL 33181

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Dental Services

#### ARTICLE IV SHARES

The number of shares of stock is:

Two hundred shares @ \$ 1.00

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Marleny L Cadavid \_ President Beatriz E Sanchez -Vice President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Marleny L Cadavid 13499 Biscayne Blvd Miami, FL 33181

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marleny L Cadavid 13499 Biscayne Blvd Miami, FL 33181

Lemman f	10-18-00
Signature/Registered/Agent Marleny L Cadavid	Date
Lemmand	10-18-00
Signature/Incorporator / Marleny L CAdavid	Date