TRANSMITTAL LETTER

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

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DENTAL DESIGNS OF FLORE

SUBJECT:

(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	\$\square\$ \$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:	DR. WARD C	WHITAKER Printed or typed)		
	5200 N.	ARMENZA Address	AVE.	
	1711000	· · · · · · · · · · · · · · · · · · ·	3603	
	City, State & Zip 813 - 354 - 9424			
	Daytime Telephone number			



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

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:

INC. DENTAL DESIGNS OF FLORIDA,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

FL 33603 N. ARMENTA TAMPA AVE.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DR. WARD C. WHITAKER

9108 SHADOW POND CT.

33556 DDESSA EL

ARTICLE VI REGISTERED AGENT

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

DR. WARD C. WHITAKER

9108 SHADOW POND CT.

33556 DDESSA FL

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WHITAKER DR. WARD

9108 SHADOW POND CT.

33556 ODESS A EL

******************************* 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/Incorporator