

FROM : NUNEZ ACCOUNTING & TAX SERVICE PHONE NO. : 1 305 222 1281
Division of Corporations

Oct. 26 2000 03:42PM P2

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

From:
Account Name : NUNEZ ACCOUNTING & TAX SERVICE, INC.
Account Number : I19980000032
Phone : (305) 222-1280
Fax Number : (305) 222-1281

FILED
00 OCT 26 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Leon Dental Center, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLE OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Leon Dental Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9001-A Pembroke Rd

Pembroke Pines, Fl 33025

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50 shares – Martin I. Leon

50 shares – Maritza C. Leon

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESSES

The name and Florida street address of the initial registered agent are:

Martin I. Leon

9001-A Pembroke Rd

Pembroke Pines, Fl 33025

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Martin I. Leon

9001-A Pembroke Rd

Pembroke Pines, Fl 33025

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ARTICLE VI PURPOSE

The purpose of this business is:
Dental Office

ARTICLE VII DIRECTORS AND OFFICERS

President – Martin I. Leon
Vice-president – Maritza C. Leon

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TALLAHASSEE, FLORIDA



Signature/Incorporator

10/24/00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.



Signature/Registered Agent

10/24/00

Date

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