POIOOOO45/

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

SUBJECT: MARIA V. SMITH D.M.D. P. A.

600003655976--7 -02/07/01--01051--012 *****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

-47 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MARIA VICTORIA SMITH D. M. D. Name (Printed or typed)

11030 N. KENDALL DRIVE Suite 202 Address

MIAMI, FIORIDA, 33176

City, State & Zip

(305) 412-7202 Daytime Telephone number

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

pay/8/01

ARTICLES 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.

01 FEB -7 AM 10: 25

NAME ARTICLE I

The name of the corporation shall be:

V. SMITH D.M.D., P. A. SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

11030 NORTH KENDALL DRIVE, Suite 202 MIAMI, FLORIDA 33176

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARIA V. SMITH D.M.D.

11030 NORTH KENDALL DRIVE, Suite 202 MIAMI, FLORIDA 33176

INCORPORATOR <u>ARTICLE V</u>

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

MARIA V. SNITH D.M.D.

11030 NORTH KENDALL DRIVE, Suite 202

MIAMI, FLORIDA 33176

ARTICLETT - OFFICERS: THE NAME AND ADDRESS OF THE

OFFICERS ARE OMARIA V. SNITH DMD - PRESIDENT,

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

TREASURER

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

ARTICLE III SPECIFIC PURPOSE FOR APROFESSIONAL CORPORATION: THE PURPOSE OF MARIA U. SMITH D. M.D. , P. A. 15+0 CONDUCT A DENTAL PRACTICE