#### LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

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RESA ROMAN (TALLAHASSEE REPRESENTATIV	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT'N	
1. J. P. DENIAL, INC	(Document #)
(Corporation Name)	· · · · · · · · · · · · · · · · · · ·
2. (Corporation Name)	(Document#) SS Q
3.	(Document #)
(Corporation Name)	(Document #)
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### ARTICLES OF INCORPORATION

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

#### ARTICLE | NAME

The name of the corporation shall be:

J.P. DENTAL, INC.

# O1 APR 23 PM 1:12 SECRETARY OF STATE ALLAHASSEE FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

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

152 SW 79 Court Miami, F1 33144

#### ARTICLE III SHARES

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

500 shares to \$1.00 each

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Camejo 4898 NW 7 St Miami Fl 33145

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pedro C. Alvarez 152 SW 79 Court Miami Fl 33144

#### ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

P- Pedro C. Alvarez 152 SW 79 Court Miami Fl 33144 VP- Jose M. Ariza 152 SW 79 Court Miami Fl 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_\_ 20 day of \_\_April \_\_\_\_\_\_, 20 01.

Signature

-Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The na	me of the corporation is: J.P. DENTAL, INC.
The na	me and address of the registered agent and office is:
	Luis Camejo
	(NAME)
	4898 NW 7 St
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami Fl 33145
	(CITY/STATE/ZIP)

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

O1 APR 23 PM 1: 12

SECRETARY OF STATIL
AHASSEE FLORID

**REGISTERED AGENT FILING FEE: \$35.00**