

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P01000121006

Donald L. Smitha, DDS, MDS, P.A.

FILED

01 DEC 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- ☒ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search **J. BRYAN DEC 26 2001**
- ____ UCC 11 Retrieval _____
- ____ Courier _____

EFFECTIVE DATE

01-02-02

RECEIVED
01 DEC 26 PM 12:02
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Signature _____

Requested by: SX

Name _____

Date 12/26/01

Time 11:35

Walk-In _____

Will Pick Up _____

ARTICLES OF INCORPORATION
OF
DONALD L. SMITHA, DDS, MDS, P.A.

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TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation.

1. NAME. The name of this corporation is DONALD L. SMITHA, DDS, MDS, P.A.

EFFECTIVE DATE

01-02-02

2. PRINCIPAL OFFICE/MAILING ADDRESS: The principal office of the corporation is 812 Alderman Road, Jacksonville, FL 32211. The mailing address of the corporation is 812 Alderman Road, Jacksonville, FL 32211.

3. SHARES. This corporation is authorized to issue 1000 shares, all of one class, at \$1.00 par value.

4. INITIAL REGISTERED OFFICE AND AGENT. The name and street address of the initial registered agent and office of this corporation is as follows:

Donald L. Smitha, DDS, MDS
812 Alderman Road
Jacksonville, FL 32211

5. INCORPORATOR. The name and address of the Incorporator signing these Articles of Incorporation is:

Name

Address

Donald L. Smitha, DDS, MDS

812 Alderman Road
Jacksonville, FL 32211

6. PREEMPTIVE RIGHTS. Each shareholder of this corporation shall have the first right to purchase shares (and securities convertible into shares) of any class, kind or series of stock in this corporation, that may from time to time be issued (whether or not presently authorized), including shares from the treasury of

the corporation, in the ratio that the number of shares he holds at the time of issue bears to the total number of shares by any shareholder who does not exercise it and pay for the shares preempted within thirty (30) days of receipt of a notice in writing from the corporation, stating the prices, terms and conditions of the issue of shares, and inviting him to exercise his preemptive rights. This right may also be waived by affirmative written waiver submitted by the shareholder to the corporation within thirty (30) days of receipt of notice from the corporation.

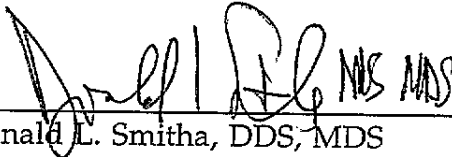
7. PURPOSE. The purpose is to provide professional dental services under the laws of the United States and Florida.

8. EFFECTIVE DATE. The effective date of commencement of corporate existence shall be January 2, 2002.

9. DURATION. The period of its duration is perpetual.

10. AMENDMENT OF ARTICLES. This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

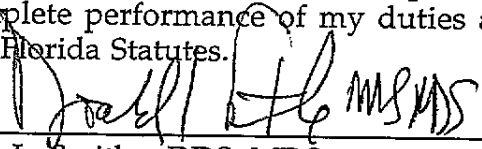
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 21st day of December, 2001.



Donald L. Smitha, DDS, MDS
Incorporator

CONSENT OF REGISTERED AGENT

HAVING BEEN NAMED as registered agent for the above-stated corporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of §607.0505, Florida Statutes.



Donald L. Smitha, DDS, MDS
Registered Agent

STATE OF FLORIDA
COUNTY OF DUVAL

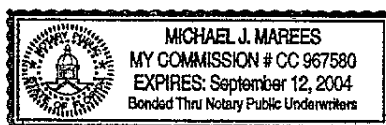
I certify that on this date before me, Michael J. Marees, an officer duly authorized in the state and county named above to take acknowledgments, personally appeared Donald L. Smitha, DDS, MDS ☒ personally known to me or ☐ who produced _____ as identification and proved to my satisfaction that he/she is the person described above, and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

Executed and sealed by me at Jacksonville, Florida on this 21st day of December, 2001.



Notary Public

My Commission Expires:



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TALLAHASSEE, FLORIDA