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TRANSMITTAL LETTER

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

FILED
02 JUN 10 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: DORALIO S. MILLAN, DDS, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000005728410--1
-06/10/02 -01047--008
*****87.50 *****87.50

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

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: DORALIO S. MILLAN, DDS
Name (Printed or typed)

19251 TAFT Street Suite 400
Address

PEMBROKE PINES, Florida 33026
City, State & Zip

(954) 436-7699
Daytime Telephone number

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

6/6/12

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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:

DORALIO S. MILLAN, DDS, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19251 TAFT Street Suite 400
Pembroke Pines, FL. 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dentistry

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DORALIO S. MILLAN, DDS

ARTICLE VI REGISTERED AGENT

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

DORALIO S. MILLAN
11325 SW. 74th Lane
Miami, FL. 33173

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

DORALIO S. MILLAN, DDS
11325 S.W. 74th Lane
Miami, FL. 33026

****

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/Registered Agent — Date: 6/5/02

Signature/Incorporator — Date: 6/5/02