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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

ALLEN DENTAL INC.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLEN DENTAL INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

ALLEN DENTAL INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

**12379 PEMBROKE ROAD
PEMBROKE PINES, FL 33025-1723**

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

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ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 share having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

**HUGH G. ALLEN
18262 SW. 25TH STREET
MIRAMAR, FL 33029-5183**

ARTICLE VII

The name and address of the initial board of director(s) shall be:

**HUGH G. ALLEN - PRESIDENT
18262 SW. 25TH STREET
MIRAMAR, FL 33029-5183**

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

The undersigned has executed these Articles of Incorporation this 26TH day of JUNE, 2002.


INCORPORATOR

TOTAL P.05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

ALLEN DENTAL INC.

(NAME OF CORPORATION)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES
OF INCORPORATION, 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.



REGISTERED AGENT

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