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FILED
02 OCT 14 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: GENUINE DENTAL P.A
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

200008356502--6
-10/14/02--01030--007
*****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: ODALYS TORRES AMAURY MENNINGER
Name (Printed or typed)

3835 NW 168 ST
Address

OPA LOCKA FL 33055
City, State & Zip

(305) 627-0850 (305) 301-4393
Daytime Telephone number

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

10-25-02

02 OCT 14 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: GENUINE DENTAL P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3835 NW 168 st
OPA LOCKA, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT
DENTAL OFFICE

ARTICLE IV SHARES

The number of shares of stock is: AMAURY NENNINGER 50%
ODALYS TORRES 50%

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): AMAURY NENNINGER / PRESIDENT
ODALYS TORRES / VICE PRESIDENT

3835 NW 168 st
OPA LOCKA, FL 33055

ARTICLE VI REGISTERED AGENT

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

AMAURY NENNINGER 3835 NW 168 st
OPA LOCKA, FL 33055

ARTICLE VII INCORPORATOR

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

AMAURY NENNINGER 3835 NW 168 st
OPA LOCKA, FL 33055

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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

AMAURY NENNINGER _____ 10/10/2002
Signature/Registered Agent Date

AMAURY NENNINGER _____ 10/10/2002
Signature/Incorporator Date