Division of Corporations

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# POLOOO133384

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

Sherman Dental Deruice, Inc

Certificate of Status	0
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#### <del>4/02</del>000239603 ARTICLES OF INCORPORATION

#### SHERMAN DENTAL SERVICE, INC.

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 I NAME

The name of the corporation shall be:

SHERMAN DENTAL SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

> STEPHEN SHERMAN 10 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441 ARTICLE III CAPITAL STOCK

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

500 SHARES 8 \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

STEPHEN SHERMAN 10 FAIRWAY DRIVE DEERFIELD BEACH, FL 33441

ARTICLE V INCORPORATOR (S)

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

> STEPHEN SHERMAN 10 FAIRMAY DRIVE DEERFIELD BEACH, FL 33441

The undersigned has (have) executed these Articles of Incorporation this 20th day of DECEMBER, 2002.

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## H02000239603

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is:

#### SHERMAN DENTAL SERVICE, INC.

2. The name and address of the registered agent and office is 20 AHASSEC 20 AHASSETARY OF STATE OF STATE OF STATE (Corporate Difficer)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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

DATE

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