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CORPORATION NAME(S) & DOC 1. DENTAL WHOL (Corporation Name)	ESALER.	R(S) (if known): 5 OF AMERICA INC (Document #)	
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OTHER FILNGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
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	Trademark		
<u>.</u>	Other	Examinar's Initials	

Examiner's Initials

ARTICLES OF INCORPORATION

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:

Dental Wholesalers of Amenica
Z,

ARTICLE II - PRINCIPAL OFFICE

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

1210 SW 78th Ave

Migmi F1. 33/44

1,000

ARTICLE III - SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Fernandez 1210 sw 78th Auc. Miami Fl. 33/44

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
ncorporation is:
Luis Fernan dez
1110 SW 78th Ave
The undersigned incorporator has executed these Articles of incorporation this
The undersigned incorporator has executed these Articles of
ncorporation this <u>1/1</u> day of <u>Paril</u> 20 <u>03</u>
Signature

ARTICLE VI- DIRECTOR(S)

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

Luis Fernanciaz President
12105W 78Th AVE Niami, FL33144

Teresa Lopez Vice President
50 Edgewater Rd.

Cliffside PARK, NJ07010

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature