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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

03 NOV 12 AM 11:37
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

This corporation will start operating on January 15th, 2004.
FLORIDA PROFIT CORPORATION OR P.A.

LATIN DENTAL PLUS, INC.

Certificate of Status	0
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11-13-04

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ARTICLES OF INCORPORATION

OF

LATIN DENTAL PLUS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

LATIN DENTAL PLUS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

LATIN DENTAL PLUS, INC.

YOHIMA DEL CORRAL
4080 SW 84 AV
MIAMI, FL 33135
305-4859300

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DIVISION OF CORPORATIONS
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ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

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 V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**WILLIAM FIERRO
6722 NW 188 TERRACE
HIALEAH, FL. 33015**

The principal office shall be:

**6722 NW 188 TERRACE
HIALEAH, FL. 33015**

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ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** persons, and the name and address of the persons who are to serve as initial directors are:

**WILLIAM FIERRO
6722 NW 188 TERRACE
HIALEAH, FL. 33015**

PRESIDENT

**LIGNIVED ESPINAL
6722 NW 188 TERRACE
HIALEAH, FL. 33015**

VICEPRESIDENT

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

**WILLIAM FIERRO
6722 NW 188 TERRACE
HIALEAH, FL. 33015**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 30 Day of OCTOBER 2003.



WILLIAM FIERRO,

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2004.

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

Pursuant to the provision of sections 807.0501 or 617.0501, 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:

LATIN DENTAL PLUS, INC.

2. The Name and Address of the registered agent and office is

**WILLIAM FIERRO
8722 NW 188 TERRACE
HIALEAH, FL. 33015**

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


Dated: OCTOBER 30, 2003.

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