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TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323		•		
SUBJECT:A	Manda M. Fairage PROPOSED CORPORAT	ENAME-MUST INCL	D.S., IAC. UDE SUFFIX)	
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 ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Amanda M. Faigan Natsud (Printed or typed)				
12300 AH AIA # 115 Address				
Palm Beach Gardens, FT. 33408 City, State & Zip				

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

In compliance with Chapter 607 and/or	Chapter 621, F.S. (Profit)	FILED
The name of the corneration shall be	and the same of	03 DEC 11 PM 2: 22
The name of the corporation shall be:	011 000 -	
· Amanda M. Faigen,	K.N., V.D.S., Inc.	SECRETART UT STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFF The principal place of business/mailing ac 12300 Alt. AlA # Palm Beach Garden	ddress is:	
ARTICLE III PURPOSE The purpose for which the corporation is Practice Dentistry		
ARTICLE IV SHARES The number of shares of stock is:	,000 sh \$1.00 pu	shau
ARTICLE V INITIAL OFFICEI List name(s), address(es) and specific ti	RS AND/OR DIRECTORS	
	Jen, R.N., O.D.S A #115	President and Director
ARTICLE VI REGISTERED The name and Florida street address o		-
Travo	ini = Richter, P.A.	·
છે / છે	U.S. Highway ON.	Ste A
Nort	n Palm Beach FC	33408
ARTICLE VII INCORPORATO		<u>-</u>
The <u>name and address</u> of the Incorporate		
Amanda M. Faigan R.N. 12300 AH.AIA #115	, DDS.	
Palm Boach Gordens, F		
	*******	********
Having been named as registered agent to accept certificate, I am familiar with and accept the appoint		
Alal Justitus Signature/Registered Agent		12/4/03 Date
amade Suga		12503
Signature/Incorporator		Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)