

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 THE STATE OF THE S

FLORIDA PROFIT CORPORATION OR P.A.

MERILYN LOPEZ DDS, PA

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

MERILYN LOPEZ DDS, PA

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:

MERILYN LOPEZ DDS, PA

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

12177 PEMBROKE RD PEMBROKE PINES, FL 33025

ARTICLE II NATURE OF THE BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. Dentestry and medical office.

ARTICLE III CAPITAL STOCK

The aggregate number of stock and its per value that this corporation is authorized to have outstanding at any one time is:

5,000 shares of Common Stock each have \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is (are):

NAME	POSITION	ADDRESS
Merilyn Lopez	P/T/ Director	3713 SW 165 th Ave Pembroke Pines, FL 33027
Juan C. Lopez	VP/S ** Director	3713 SW 166 th Ave Pembroke Pines, FL 33027

Prepared by: Professional Business Advisors, Inc 11401 SW 40th St., Ste. 201 Miami, FL 33165 305-227-0757

ARTICLE VI

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

NAME	POSITION	ADDRESS
Merllyn Lopez	P/T/ Director	3713 SW 165 th Ave Pembroke Pines, FL 33027

In witness whereof, the undersigned incorporator(s) has (have) executed these Articles of incorporation this 7th day of January 2005.

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 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 agent/registered office, in the State of Florida.

- 1. The name of the corporation is MERILYN LOPEZ DOS, PA
- 2. The name and the address of the registered agent and officer is:

Merilyn Lopez 3713 SW 165th Ave Pembroke Pines, FL 33027

SIGNATION	The state of the s
	(Corporate Officer)
	2)
TITLE	Free.
	11-
DATE	1/7/03
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RED AGENT	AND TO ACCEPT SERVICE OF PROCES

Ξ.

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 STATUTTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE (Registered Agent)

DATE

1/1/05

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