P05000005249

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

4 DW 1/11/05



300044377183

5 (1.195--0) (62--0)) **#0.00





TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Lengt 5 0 (PROPOSED CORPORA)	plant &	Florida
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the arti		
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Diane E Ca	(Printed or typed)	
159 IVECTIONA Talla ha 556 City,	Address /	312_

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

856 3858109

Daytime Telephone number

ARTICLE I NAME The name of the corporation shall be: Denta / Tenanta.	ups of North Floria
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 159 I Ve Ia Ila fia:	rnia Loop ssee, F1 32312
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Dental 5ervic.	office Staffing
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s): Loane F Carroll To lla bassee, Fl. 32312 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Diane F Carroll 159 I ver rig Loan ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ligane F Carroll 159 I ver ria Loan 159 I ver ria Loan	SECRE
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a Signature/Registered Agent Agent Agent	stated corporation at the place designated in this agree to act in this capacity \[\begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - \begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - \begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - \begin{align*} - \begin{align*} 5 \\ - \begin{align*} - ali
159 IVERTICALORP ***********************************	agree to act in this capacity \[\begin{aligned} - \left/ - D & \begin{aligned} \text{Date} \\ - \left/ - D & \begin{aligned} \text{S} \\ \text{Date} \\ \text{S} & \text{S} & \text{S} \\ \text{S} & \text{S} \\ \text{S} & \text{S} & \text{S} & \text{S} & \text{S} \\ \text{S} & \text{S} & \text{S} & \text{S} & \text{S} & \text{S} \\ \text{S} & \te

ARTICLES OF INCORPORATION

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