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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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**FLORIDA PROFIT CORPORATION OR P.A.**

jml dmd, pa.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

②

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: JML DMD, PA.

**ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is: 572 E MCNAB ROAD SUITE 102  
POMPAÑO BEACH, FL 33060**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DENTAL OFFICE

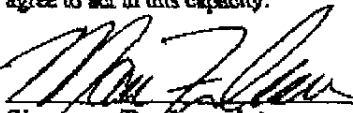
**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**The name(s) and address(es): JASON LUCENSFELD  
572 E MCNAB ROAD SUITE 102  
POMPAÑO BEACH, FL 33060**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:  
Marc Friedman  
8634 NW 59th Place  
Parkland, FL 33067**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:  
Marc Friedman  
8634 NW 59th Place  
Parkland, FL 33067

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
 Signature/Registered Agent

 6/10/05  
 Date

  
 Signature/Incorporator

 6/10/05  
 Date

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