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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

FLORIDA PROFIT CORPORATION OR P.A.

PUPO DENTAL, INC.

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ARTICLES OF INCORPORATION <u>QF</u>

PUPO DENTAL, INC.

OS ME IO MA MA ME THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPTS (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLES I NAME

THE NAME OF THE CORPORATION SHALL BE: PUPO DENTAL, INC. THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 1350 WEST 53RD STREET APT. 13 HIALEAH, FLORIDA 33012

ARTICLES II NATURE OF 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.

ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED SHARES PAR VALUE OF \$1,00.

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 DIRECTOR (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): YUSIMY PUPO 1350 W. 53 ND STREET #13 HIALEAH, FLORIDA 33012 - PRESIDENT

ARTICLE VI INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATION IS (ARE): YUSIMY PUPO 1350 W. $53^{\rm RD}$ STREET #13 HIALEAH, FLORIDA 33012

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 17TH DAY OF AUGUST, 2005

SIGNATURE STOF INCORPORATOR (S)

CERTIFICATE OF DESIGNATION

REGISTER AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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: PUPO DENTAL, INC.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NAME: YUSIMY PUPO

ADDRESS: 1350 W. 53RD STREET #13 HIALBAH, FLORIDA 33012

SIGNATURE . TITLE

8-17-125

018-17-00

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUES.

SIGNATURE-

DATE