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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Joseph G. Catuogno, D.D.S., P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, **Certified Copy** & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Joseph G Catuogno Name (Printed or typed) 430 N.E. Leaping Frog Way Port St Lucie, FL 34983 City, State & Zip

772 812- 9778

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

NAME ARTICLE I

The name of the corporation shall be:

Joseph G. Catuogno, D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

430 N.E. Leaping Frog Way Port St. Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To carry on the business of providing dentistry and any related services to the general public. Also, consultation as needed or requested.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue 10 shares of one dollar (\$1.00) par value stock.

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Joseph G. Catuogno, D.D.S. President 430 N.E.Leaping Frog Way Port St. Lucie, FL 34983

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph G. Catuogno, D.D.S. 430 N.E. Leaping Frog Way Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph G. Catuogno, D.D.S. 430 N.E. Leaping Frog Way Port St. Lucie, FL 34983

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

Copio

ignature/Registered Agent

Signature/Incorporator