P0700005/246

·		
(Re	questor's Name)	
	·	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	2 # /
	·	- " ,
PICK-UP	MAIT	MAIL
· ·		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
		,
Certified Copies	_ · Certificates	s of Status
Special Instructions to	Filing Officer:	,

Office Use Only



800097666528

04/26/07--01012--004 **78.75

2001 APR 26 PH 12: 29
SECRETARY OF STATE
SECRETARY OF STATE
AND SEE FLORID

DEPARTMENT OF STATE COMPORATIONS

2007 APR 26 MI 9: 56

NO: WILLENDED SUFFICIENCY VILLEDGE

1.g. 4-27

Charter Number Only

4/25/07 Linda

Raquesfor's Name

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Acknowledgment

W.P. Varifier

Childrens	Dental	Place.	of Well	lington	Inc
				9	11.
				· -	
					· · - · - · · - · · · · · · · · · ·
					
					<u>-</u>
V.Profit			-		
) NonProfit	() Amei	ndment	() Merger	
) Foreign	() Disso	olution	() Mark	
) Limited Partnership	() Annu	al Report	() Other	
) Reinstatement	() Rese	rvation	() Change of R	egistered Agent
Certifled Copys	() Photo	Copies	() Certificate U	nder Seal
A Call When Ready	() Call I	If Problem) After 4:30	
Walk In ()	Will Wait	The state of the s	lick-the mod	()	Mail Out
me allability					
cument					
aminer					
dater					
					

, , , , , , , , , , , , , , , , , , ,	/ /**
ARTICLES OF	of TALLARY GET 1005
	of \$500 APR 26 PM
Children's Vental Pl	ace of Welling Hore TARY CF STARY C. f corporation)
The undersigned subscriber(s) to these Articles of Incorpcorporation under the laws of the State of Florida.	oration, natural person(s) competent to contract, hereby form a
ARTICLE I - C	CORPORATE NAME
The name of the corporation is: Children's Devital P	lace of Wellington, Inc.
ARTICLE	II - DURATION
The corporation shall exist perpetually unless dissolved ac	ecording to Florida law.
•	III - PURPOSE g in any activities or business permitted under the laws of the
The corporation is authorized to issue	shares (10, 0) of, which shall be designated "Common Shares".
ARTICLE V - INITIAL REG	ISTERED OFFICE AND AGENT
The street address of the Initial Registered Agent office ar	nd the name of the Initial Registered Agent at that office is:
NAME Dr. Michalles. Hande	2\
ADDRESS 1051 G State Road	
CITY Wellington	FLORIDA F1. ZIP 33414
The principal office, if known, or the mailing address of the	ne corporation is:
NAME DT. Michelles. Ha.	~96 /
ADDRESS 1051 G State F	Loud #7
CITY Wellington	FLORIDA ZIP 33414
J	Daily Business Review - (05/04)

ARTICLE VI - I.	NITIAL BOARD OF DIRECTORS	
This corporation shall have(increased or diminished from time to time by the By of the initial director(s) of the corporation are as follows:		
NAME MICHELLE S. H	lander DMD	
ADDRESS 1051 G State	Roud #j	
CITY Wellington	STATE Floridg	ZIP 3341
NAME TOSEPA L. Herm	an DAS	
ADDRESS 1051 G State R	oud #7	
CITY Wellington	STATE Florida	_{ZIP} 33414
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME COLL S HADDRESS 1051 G State Re	ender p.m.p.	'S:
14.3	STATE FLUIDS	ZIP\$3414
NAME	STATE (WILD 4	ZIĘ O J III
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriday of April 2001	ber(s) have executed these Articles of Incorpor	ttny (Seal)
		(Seal)

(Seal)

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Children's Dental Place of Wellington, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	1051 G	State Road	#7	
	Wellington	Florida	33414	
has nam	ed <u>br.mi</u>	3		
located	at the aforesaid address,	as its Registered Ag	ent to accept service of proc	ess within
this state	e.			

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

muchelle J. M. M. (registered agent)