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From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305)444-6226
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FLORIDA PROFIT/NON PROFIT CORPORATION

NORTHWEST DENTAL GROUP, P.A.

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

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H07000303286 3

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CERTIFICATE OF INCORPORATION
OF
NORTHWEST DENTAL GROUP, P.A.

The undersigned subscribers to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I
NAME

The name of this corporation is NORTHWEST DENTAL GROUP, P.A.

ARTICLE II
GENERAL NATURE OF BUSINESS

The corporation will provide dentistry and dental hygiene services as permitted under the laws of the United States and of the State of Florida.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Carlos F. Arazoza
2100 Salzedo Street, Suite 300
Coral Gables, Florida 33134
Phone: (305) 444-6226
Florida Bar No.0698806

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H07000303286 3

ARTICLE VI
ADDRESS

The initial office address of the principal office of this corporation in the State of Florida is 1250 N.W. 119 STREET, MIAMI, FL 33167. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII
DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the stockholders, but shall never be less than one.

<u>Name</u>	<u>Address</u>
EVELYN ALDAMA-ESPINOSA	1250 N.W. 119 STREET MIAMI, FL 33167

ARTICLE IX
SUBSCRIBER

The name and post office address of the subscriber of these Articles of Incorporation, the number of shares of stock that he agrees to take and the value of the consideration therefore is:

<u>Name</u>	<u>Address</u>	<u>Shares</u>	<u>Consideration</u>
EVELYN ALDAMA-ESPINOSA	1250 N.W. 119 ST MIAMI, FL 33167	100	\$100

ARTICLE X
AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation made.

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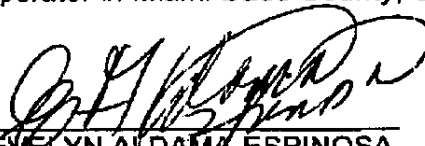
ARTICLE XI
REGISTERED OFFICE AND REGISTERED AGENT

That NORTHWEST DENTAL GROUP, P.A. desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the City of Miami, County of Dade, State of Florida, hereby designates EVELYN ALDAMA-ESPINOSA as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 1250 N.W. 119 STREET, MIAMI, FL 33167.

ARTICLE XII
PROFESSIONAL SERVICES

To the extent required by law and the applicable regulations, the professional services of the Corporation shall be rendered only through officers, employees, and agents who are duly licensed or otherwise legally authorized to practice dentistry and dental hygiene services within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of the practice of dentistry and dental hygiene.

WITNESS the hand and seal of the incorporator in Miami-Dade County, State of Florida, this 19th day of December, 2007


 EVELYN ALDAMA-ESPINOSA

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, EVELYN ALDAMA-ESPINOSA, to me well known to be the subscriber to the foregoing Articles of NORTHWEST DENTAL GROUP, P. A., who being by me first duly sworn, acknowledge that she signed the same for the purposes therein expressed.

19th WITNESS my hand and seal at Coral Gables, Miami-Dade County, Florida, this day of December, 2007



Christina D. Morgado
 Commission #DD287173
 Expires: Feb 03, 2008
 Bonded Thru
 Atlantic Bonding Co., Inc.


 NOTARY PUBLIC STATE OF FLORIDA
 AT LARGE

MY COMMISSION EXPIRES:

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H07000303286 3

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 607.0501, 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 is:


NORTHWEST DENTAL GROUP, P.A.

2. The name and address of the registered agent is:

EVELYN ALDAMA-ESPINOSA
1250 N.W. 119 STREET
MIAMI, FL 33167


EVELYN ALDAMA-ESPINOSA
December 19, 2007

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


EVELYN ALDAMA-ESPINOSA
December 19, 2007

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