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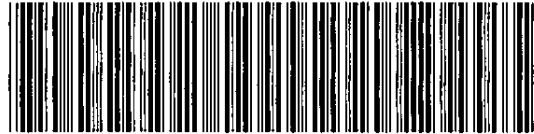
(Business Entity Name)

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1/4

LAZARUS

CORPORATE FILING SERVICE
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NIBALDO P. MORALES, DMD,
(Corporation Name) (Document #)
2. PA
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
☒ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

**ARTICLES OF INCORPORATION
OF
NIBALDO P. MORALES, DMD, PA**

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

NIBALDO P. MORALES, DMD, PA

EFFECTIVE DATE: 1/1/08

ARTICLE II PRINCIPAL OFFICE

9033 S.W. 65 Terrace
Miami, FL 33173

EFFECTIVE DATE 1/1/2008

ARTICLE III PURPOSE

DENTAL OFFICE

ARTICLE IV CAPITAL STOCK

100

ARTICLE V REGISTERED AGENT & ADDRESS

MALOY CASTRO MORALES, ESQUIRE
9033 S.W. 65 Terrace
Miami, FL 33173

ARTICLE VI BOARD OF DIRECTORS

NIBALDO P. MORALES, DMD
9033 S.W. 65 Terrace
Miami, FL 33173

ARTICLE VII OFFICER(S)

NIBALDO P. MORALES, DMD
President/Vice President
9033 S.W. 65 Terrace
Miami, FL 33173

MALOY CASTRO MORALES
Secretary/Treasurer
9033 S.W. 65 Terrace
Miami, FL 33173

ARTICLE VIII INCORPORATOR(S)

NIBALDO P. MORALES, DMD
9033 S.W. 65 Terrace
Miami, FL 33173

The undersigned has executed these Articles of Incorporation this 26th day of
December, 2007.


Incorporator Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED 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.**


REGISTERED AGENT SIGNATURE