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FLORIDA PROFIT/NON PROFIT CORPORATION
ELIO CARDENAS DDS, P.A.

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ARTICLES OF INCORPORATION
OF
ELIO CARDENAS DDS, P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Services Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I: NAME

The name of the Corporation shall be: **ELIO CARDENAS DDS, P.A.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation shall be: **13515 NW 9TH. LANE, MIAMI, FL. 33182**

ARTICLE III: PURPOSE

The purpose of this Corporation shall be: **DENTAL SERVICES OFFICE**

ARTICLE IV: CAPITAL STOCK


The number of shares of stock that this Corporation is authorized to have outstanding at anyone time is : Five hundred (500) shares having and individual par value of ONE DOLLAR (\$1.00) each.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is: **Elio Cardenas, DDS, 13515 NW 9TH. LANE, MIAMI, FL. 33182**

ARTICLE VI: BOARD OF DIRECTOR(S)

The name and address of the initial Board of Directors shall be:

 **Elio Cardenas DDS,
President/Secretary/Director
13515 NW 9TH. LANE,
MIAMI, FL. 33182**

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ARTICLE VII: OFFICER(S)

The name, title and address of the Officers of this Corporation shall be:

Elio Cardenas DDS
President/Secretary/Director
13515 NW 9TH. LANE,
MIAMI, FL. 33182

ARTICLE VIII: INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:


Elio Cardenas DDS
13515 NW 9TH. LANE
MIAMI, FL. 33182

The undersigned has (have) executed these Articles of Incorporation this _____ day of August, 2010.


Elio Cardenas DDS
Initial Incorporator

CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
ELIO CARDENAS DDS, P.A.

---Having been named as Registered Agent and to accept services of process of the above stated Corporation at the place designated in the Articles of Incorporation, I Hereby accept the appointment as Registered Agent 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.


Elio Cardenas DDS
REGISTERED AGENT

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