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FLORIDA PROFIT/NON PROFIT CORPORATION THE VINUELA GROUP, P.A.

Certificate of Status Certified Copy 1 Page Count 04

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11 JAN 14 PM 12: 13

ARTICLES OF INCORPORATION OF

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a Professional Service 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:

The Vinuela Group, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9361 SW 82 st Mian, F1 33173

ARTICLE III PURPOSE

The purpose of this corporation shall be:

Dental Services

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorize to have outstanding is: (OO

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Larry Vinuela, D. m.D.
9341 SW 8251
Miani, F1 33173 H11000012534

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI BOARD OF DIRECTOR (S)

The name and address of the initial board of director(s) shall be:

Larry Vinuela, D.M.D.

9361 SW 82 ST

Miami FZ 33173

ARTICLE VII OFFICER (S)

The name, title and address of the officer(s) of this corporation shall be:

Larry Vinuela, D.M.D. (President)
9361 SW 82 ST.
Miami FL 33173

ARTICLE VIII INCORPORATOR (S)

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

Larry Vinuely, D.M.D. 9361 SW 82 St Miani, Fl 33173

The undersigned has (have) executed these Articles of Incorporation this 14 day of

ncorporator Signature

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE

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