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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 12 2012

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: Covenant Dental Centers Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Denise Young-Brady, DDS**

Name (Printed or typed)

**2314 SW 135th Avenue**

Address

**Miramar, FL 33027**

City, State & Zip

**(954) 918-6371**

Daytime Telephone number

**Covenantdentalcenters@yahoo.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **Covenant Dental Centers, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2314 SW 135th Avenue**  
**Miramar, FL 33027**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Dental services.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Denise Young**  
Address: **2314 SW 135th Avenue**  
**Miramar, FL 33027**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: **Mary Young**  
Address: **357 Sandpiper Avenue**  
**West Palm Beach, FL 33314**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: **Denise Young**  
Address: **2314 SW 135th Avenue**  
**Miramar, FL 33027**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Denise Young**  
Address: **2314 SW 135th Avenue**  
**Miramar, FL 33027**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

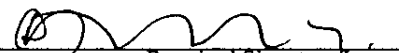


Required Signature/Registered Agent

January 8th, 2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

January 8th, 2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA