## P120000/3984

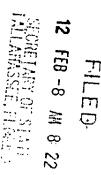
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	5		
Special Instructions to Filing Officer:			
W12-5567			
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## **COVER LETTER**

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

<sub>suвjecт:</sub> Guilly's Dental Equip. S	Services Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy  & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Guilmer Hernandez	e (Printed or typed)
4631 SW 152nd Terrace	•
Miramar, Florida 33027 City,	State & Zip
954-639-3609  Daytime T	elephone number
guilhernandez 69@yaho	OO.COM.MX d for future annual report notification)

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



January 30, 2012

GUILMER HERNANDEZ 4631 SW 152ND TERRACE MIRAMAR, FL 33027

SUBJECT: GUILLY'S DENTAL EQUIP. SERVICES INC.

Ref. Number: W12000005567

We have received your document for GUILLY'S DENTAL EQUIP. SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 412A00002948

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of the c	NAME Guilly's Dental Equorporation shall be:	ip. Services Inc.	- <del>4</del>
ARTICLE II	PRINCIPAL OFFICE		FALCE
	Principal street address	Mailing	address, if different is ED
	4631 SW 152nd Terrace		12 FFD 0
-	Miramar, Elorida 33027		12 FEB -8 AM 8 2
ADDICE DE	PURPOSE		TALLATASSEE, FLORIDA
ARTICLE III			MANAGE HE (MAI)
ANV AND A	which the corporation is organized is: LL LAWFUL BUSINESS		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EL EXWY GE BOOMEOU		
ARTICLE IV The number of sha	ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>CTORS</u>	
	Fitle: Viviana Chamorro (VP)	Name and Title:	
Address:	4631 SW 152nd Terrace		
	Miramar, Elorida 33027	<del></del>	
Name and T	Fitle:	Name and Title	
Address:		Address:	
7 tadi \$35.			
		<u> </u>	
		<del></del>	
	`itle:	Name and Title:	<u> </u>
Address:		Address:	
	<del> </del>		
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Viviana Chamorro	,	
Address:	4631 SW 152nd Terrace		
	Miramar, Florida 33027		
450000000000000000000000000000000000000			
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Guilmer Hernandez (P)		
Address:	4631 SW 152nd Terrace	<del></del>	
	Miramar, Florida 33027	<del></del>	
this certificate, La	ned as registered agent to accept service of in Jamiliar with and accept the appointment	as registered agent and agree to	
7	Livian Chamor	$\bigcirc$	01/24/2012
	Required Signature/Registered Age		Date
	ument and affirm that the facts stated hero Department of State constitutes a third degree	ein are true. I am aware that the	e false information submitted in a
			04/04/0040
	Size de la constantina della c	· ·	01/24/2012
	Required Signature/Incorporator	•	Date