

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

53735

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP -6 AM 9:40

**FLORIDA PROFIT/NON PROFIT CORPORATION
DOCTORS DENTAL GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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9/7/12

H12000220904
SECRETARY OF STATE
INCORPORATIONS**ARTICLES OF INCORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 SEP -6 AM 9:40

ARTICLE I NAME

The name of the corporation shall be:

Doctors Dental Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3850 Coconut Creek Parkway #C
Coconut Creek, FL 33066

Mailing address, if different is:

10792 Pine Lodge Trail
Davie, FL 33328**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Dental office

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Juan Basto - President
Address: 10792 Pine Lodge Trail
Davie, FL 33328Name and Title: _____
Address: _____Name and Title: _____
Address: _____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: Maria Basto
Address: 10792 Pine Lodge Trail
Davie, FL 33328**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Juan Basto
Address: 10792 Pine Lodge Trail
Davie, FL 33328

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

9-5-12

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 §817.155, F.S.


Required Signature/Incorporator

9-5-12

Date

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