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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Mai Family and Sedation Dentistry, P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be: **Mai Family and Sedation Dentistry, P.A.**

### ARTICLE II PRINCIPAL OFFICE and MAILING ADDRESS

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

Mailing Address:  
1713 Mandalay Drive  
Tarpon Springs, FL 34689

Principal Address:  
7214 SR 52  
Hudson, FL 34667

### ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

**One-Thousand (1,000) Shares  
Common Stock**

### ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

**Thanh T. Mai  
1713 Mandalay Drive  
Tarpon Springs, FL 34689**

### ARTICLE V INCORPORATOR

The name and address of the incorporator in these Articles of Incorporation are:

**Thanh T. Mai  
1713 Mandalay Drive  
Tarpon Springs, FL 34689**

### ARTICLE VI OFFICERS

The officers of the corporation are:

**Thanh T. Mai -- President, Secretary, Treasurer**

### ARTICLE VII DIRECTORS

The directors of the corporation are:

**Thanh T. Mai -- Director**

### ARTICLE VIII BUSINESS PURPOSE

The business purpose of this corporation is:

**Dentist**

### ARTICLE IX EFFECTIVE DATE

The effective date of the corporation is:

**January 1, 2013**

Thanh T. Mai  
Signature/Incorporator

12 / 06 / 2012  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent 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.

Thanh T. Mai  
Signature/Registered Agent

12 / 06 / 2012  
Date

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