

08/2031 00:40

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
FAMILY DENTAL CARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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14 JAN 16 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-2/14

14 JAN 16 AM 9:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS

H14000012192

ARTICLES OF INCORPORATION

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
14 JAN 16 AM 9:40

ARTICLE I NAMEThe name of the corporation shall be: Family Dental Care, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3934 S.W. 8 St. Suite 208Coral Gables, FL 33134**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: Miris Rodriguez D.D.S (President)Name and Title: Ivo Alonso M.D. (Medical Director)Address: 3934 S.W. 8 St.Address: 3934 S.W. St.Suite 208Suite 208Coral Gables, FL 33134Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address	_____
	_____		_____
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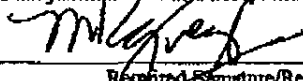
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mirilis Rodriguez D.D.S
Address: 3934 S.W. 8 St. Suite 208
Coral Gables, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Mirilis Rodriguez D.D.S.
Address: 3934 S.W. 8 St. Suite 208
Coral Gables, FL 33134

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

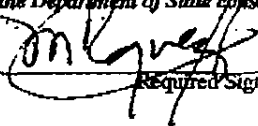


Required Signature/Registered Agent

01/06/2014

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

01/06/2014

Date

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