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Florida Department of State

Division of Corporations
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14 JAN 23 PM 12:58

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

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

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P. 002

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:

Integral Dental Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

*1125 NW 22nd ave
Miami, FL 33125*

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dentist

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Hansel Gonzalez (President)*

Address: *1125 NW 22nd ave*

Miami, FL 33125

Name 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: *Hansel Gonzalez*

Address: *1125 NW 22nd ave*

Miami, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Hansel Gonzalez*

Address: *1125 NW 22nd ave*

Miami, FL 33125

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

[Signature]
Required Signature/Registered Agent

01/23/2014
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.

[Signature]
Required Signature/Incorporator

01/23/2014
Date

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