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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000059529 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 : (561)627-8100

Fax Number : (561)622-7603

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Pimendent II, PA

Certificate of Status	0
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Page Count	02
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3/11/2014

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ARTICLES OF INCORPORATION

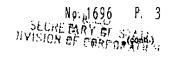


In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corporat	E Pimendent II, P	A "" TAR I PH
ARTICLE II PRII	VCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
15320 Heron Hi	deaway Circle	
Winter Gard	en, FL 34787	
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is: Ongag	e in the practice of dentistry
		tion and to provide services
incidental th	ereto, carried out only	through officers and other
agents who	are licensed in Florida	a to render the services of
dentistry.		
	NRES Stock is: 1000 TAL OFFICERS AND/OR DIRECTOR Paul Pimentel DDS PST	RS Name and Title:
	15320 Heron Hideaway Circle	
Address	Winter Garden, FL 34787	Address:
Nr and mid-		Name and Title
Name and Title		_ Name and Title:
Address		Address:
		-
Name and Title	:	Name and Title:
Address	~	Address:
•		

FAN: H140000595293

Mar. 11. 2014 4:05PM FAN: H14000059529 3



2014 MAR I I PM 12: 53

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Mark M. Kamp	
Address:	660 US Hwy One - 3rd Floor	
	North Palm Beach, FL 33408	
The name and a Name: Address:	Mark M. Kamp 660 US Hwy One - 3rd Floor	
	North Palm Beach, FL 33408	
Having been na this certificate, I	med as registered agent to accept service of process om familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 03/11/2014
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State-constitutes a third degree felon	true. I am aware that the false information submitted in a yas provided for in s.817.155, F.S.
Ma	K WK	03/11/2014
	Required Signature/Incorporator	Date