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FLORIDA PROFIT/NON PROFIT CORPORATION
THALIA MARIE ABRAHAO, P.A.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: THALIA MARIE ABRAHAO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

700 BILTMORE WAY
UNIT 705
CORAL GABLES, FL 33134

Mailing address, if different is:

700 BILTMORE WAY
UNIT 705
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE NATURE OF BUSINESS IS DENTISTRY

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THALIA MARIE ABRAHAO (P/S/D)

Address: 700 BILTMORE WAY
UNIT 705
CORAL GABLES, FL 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title: THALIA MARIE ABRAHAO

Address: 700 BILTMORE WAY
UNIT 705
CORAL GABLES, FL 33134

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: THALIA MARIE ABRAHAO

Address: 700 BILTMORE WAY UNIT 705
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: THALIA MARIE ABRAHAO

Address: 700 BILTMORE WAY UNIT 705
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Thalia M A — JULY 14, 2015

Required Signature/Registered Agent — 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.

Thalia M A — JULY 14, 2015

Required Signature/Incorporator — Date