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# FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH MIAMI DENTAL GROUP, P.A.

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# ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes; Hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: SOUTH MIAMI DENTAL GROUP, P.A.

# ARTICLE II PRINCIPAL OFFICE

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

6080 SW 40TH ST STE # 5 MIAMI, FL 33155

# ARTICLE III PURPOSE

The purpose of this corporation shall be:
DENTAL SERVICE

#### ARTICLE IV CAPITAL STOCK

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

FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

#### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN CUTINO JR. 6080 SW 40TH ST STE # 5 MIAMI,FL 33155

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#### ARTICLE VI BOARD OF DIRECTOR(S)

The name(s) and street address(cs) of the initial board of director(s) shall be:

JUAN CUTINO JR. 6080 SW 40TH ST STE #5 MIAMI, FL 33155

#### ARTICLE VII OFFICER(S)

The name(s) and street address(es) of the officer(s) of this corporation shall be:

JUAN CUTINO JR. (PRESIDENT & SECRETARY ) 6080 SW 40TH ST STE # 5 MIAMI, FL 33155

#### ARTICLE VIII INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation shall be:

JUAN CUTINO JR. 6080 SW 40TH ST STE #5 MIAMI, fL 33155

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 21 day of AUGUST 2015.

Incorporator Signature

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.

REGISTERED AGENT SIGNATURE