

Dec. 29 2015  
12/23/2015

**P15000102041**

Florida Department of State  
Division of Corporations  
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Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW  
Account Number : I20000000069  
Phone : (941)955-4990  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Dental Prosthetic Services, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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EFFECTIVE DATE  
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December 28, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STANLEY A. GOLDSMITH

SUBJECT: DENTAL PROSTHETIC SERVICES, INC.  
REF: W15000082288

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000302769  
Letter Number: 715A00026925

P.O BOX 6327 - Tallahassee, Florida 32314

Dec. 29. 2015 2:12PM S. Goldsmith Atty.

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No. 6111 P. 3/5  
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**ARTICLES OF INCORPORATION**

of

**DENTAL PROSTHETIC SERVICES, INC.**

FIRST:

The name of the Corporation shall be DENTAL PROSTHETIC SERVICES, INC.,  
The principal mailing address of the Corporation is 1832 Webber St, Sarasota, FL  
34236.

SECOND:

The Articles of Incorporation are to be effective January 1, 2016.

THIRD:

The purposes for which the Corporation is formed are any and all lawful  
purposes for which a corporation may be formed pursuant to the laws of the State of  
Florida and the United States.

FOURTH:

The Corporation shall be authorized and empowered to issue TEN THOUSAND  
(10,000) shares of common stock without par value.

FIFTH:

The mailing address of the Registered Office of the Corporation is 1605 Main  
Street, Suite 1001, Sarasota, Florida 34236.

SIXTH:

The Registered Agent for the Corporation shall be:

STANLEY A. GOLDSMITH  
1605 Main Street, Suite 1001  
Sarasota, Florida 34236

SEVENTH:

To the Incorporator of DENTAL PROSTHETIC SERVICES, INC.:

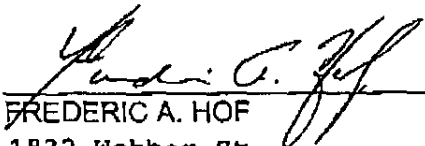
I understand my obligations as your Registered Agent and hereby accept  
appointment as your Registered Agent in accordance with F.S. 48.091.

((H150003027693)))

  
STANLEY A. GOLDSMITH DATE 12/21/15

SEVENTH:

The Incorporator of DENTAL PROSTHETIC SERVICES, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

  
FREDERIC A. HOF DATE 12/21/15  
1832 Webber St.  
Sarasota, FL 34236

EIGHTH

The Initial Board of Directors of the Corporation shall consist of TWO (2) members:

FREDERIC A. HOF  
1832 Webber Street  
Sarasota, FL 34236

URSULA M. HOF  
1832 Webber Street  
Sarasota, FL 34236

NINTH

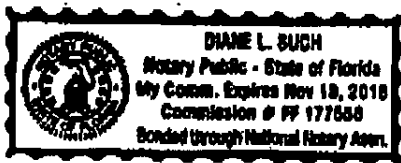
The initial Officers of the Corporation shall be:

President: FREDERIC A. HOF  
Vice President: URSULA M. HOF  
Secretary: URSULA M. HOF  
Assistant Secretary: FREDERIC A. HOF  
Treasurer: FREDERIC A. HOF  
Assistant Treasurer: URSULA M. HOF

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STATE OF FLORIDA )  
COUNTY OF SARASOTA ) ss:

The foregoing Articles of Incorporation of DENTAL PROSTHETIC SERVICES, INC., were acknowledged before me this 29 day of December 2015, by STANLEY A. GOLDSMITH as Registered Agent. He is personally known to me or has produced personally known as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Diane L. Such  
Signature of Notary Public  
Diane L. Such  
Print Name of Notary Public  
I am a Notary Public of the State of FLORIDA, and my  
commission expires on 11/18/18.

STATE OF FLORIDA )  
COUNTY OF SARASOTA ) ss:

The foregoing Articles of Incorporation of DENTAL PROSTHETIC SERVICES, INC., were acknowledged before me this 29 day of December 2015, by FREDERIC A. HOF as Incorporator. He is personally known to me or has produced FREDERIC as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.



Stanley A. Goldsmith  
Signature of Notary Public  
STANLEY A. GOLDSMITH  
Print Name of Notary Public  
I am a Notary Public of the State of FL, and my commission  
expires on 12/13/19.