

# P16000005480

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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION '  
SOUTH DENTAL AT FOREST LAKES KENDALL SQUARE, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTH DENTAL AT FOREST LAKES KENDALL SQUARE, INC.**  
**(name of corporation)**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)  
Competent to contract, hereby form a corporation under the laws of State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

**SOUTH DENTAL AT FOREST LAKES KENDALL SQUARE, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities permitted under  
the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One hundred shares (100) of five Dollar (s)  
(\$ 5.00.) par value common stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and name of the at office is:

NAME	SOUTH DENTAL MANAGEMENT SERVICES, INC.				
ADDRESS	8785 SW 165 AVE SUITE 204-A				
CITY	MIAMI	STATE	FL	ZIP	33193

The principal office, if known or the mailing address of the corporation is:

NAME	SOUTH DENTAL MANAGEMENT SERVICES, INC.				
ADDRESS	8785 SW 165 AVE SUITE 204-A				
CITY	MIAMI	STATE	FL	ZIP	33193

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) directors initially. The number of directors may be  
either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

NAME	ELIAS TOBON ANGEL, DMD			
ADDRESS	401 CORAL WAY STE 109			
CITY	MIAMI	STATE	FL	ZIP 33134
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				

#### ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

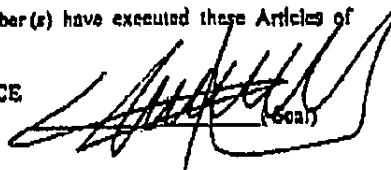
NAME	ELIAS TOBON ANGEL, DMD			
ADDRESS	401 CORAL WAY STE 109			
CITY	MIAMI	STATE	FL	ZIP 33134
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				
NAME				
ADDRESS				
CITY				

IN WITNESS WHERE OF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12<sup>TH</sup> day January, 2016.

PREPARED: SOSA ACCOUNTING TAX SERVICE  
570 EAST 49 STREET  
HIALEAH, FL 33013

(305) 688-1716

(305) 688-1714

  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**SOUTH DENTAL AT FOREST LAKES KENDALL SQUARE, INC.**

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

Address 8785 SW 165 AVE SUITE 204-A

MIAMI, FL 33193

Has named SOUTH DENTAL MANAGEMENT SERVICES, INC.

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Laws in keeping open said office.

Sandra C. Aguado  
(registered agent)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA