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Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SIMPLIFIED DENTAL MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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May 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: SIMPLIFIED DENTAL MANAGEMENT, INC.  
REF: W16000038340

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H16000128427  
Letter Number: 716A00011049

H16000128427

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:Simplified Dental Management, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7005 SW 109<sup>th</sup> Ct.  
Miami, FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Vanessa Merced Ortiz (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Vanessa Merced Ortiz  
7005 SW 109<sup>th</sup> CT  
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Vanessa Merced Ortiz  
7005 SW 109<sup>th</sup> CT  
Miami FL 33173

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**Required Signatures:**

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

Registered Agent

5/24/2016  
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.

Incorporator

5/24/2016  
Date

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TALLAHASSEE, FLORIDA

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