

Electronic Articles of Incorporation For

**P16000078020
FILED
September 21, 2016
Sec. Of State
gmcleod**

MICHAEL RODRIGUEZ, D.M.D., P.A.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MICHAEL RODRIGUEZ, D.M.D., P.A.

Article II

The principal place of business address:

318 FRANKLIN CLUB DRIVE
UNIT 1305
DELRAY BEACH, FL. 33483

The mailing address of the corporation is:

318 FRANKLIN CLUB DRIVE
UNIT 1305
DELRAY BEACH, FL. 33483

Article III

The purpose for which this corporation is organized is:

TO ENGAGE IN THE BUSINESS OF PROVIDING DENTAL SERVICES

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

MICHAEL RODRIGUEZ
318 FRANKLIN CLUB DRIVE
UNIT 1305
DELRAY BEACH, FL. 33483

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MICHAEL RODRIGUEZ

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Article VI

The name and address of the incorporator is:

MICHAEL RODRIGUEZ, DMD
318 FRANKLIN CLUB DRIVE
UNIT 1305
DELRAY BEACH, FLORIDA 33483

Electronic Signature of Incorporator: MICHAEL RODRIGUEZ, DMD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
MICHAEL RODRIGUEZ DMD
318 FRANKLIN CLUB DRIVE, UNIT 1305
DELRAY BEACH, FL. 33483

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AFFIDAVIT

STATE OF FLORIDA)
)SS
COUNTY OF BROWARD)

Before me the undersigned, an officer duly commissioned by the laws of the State of Florida, on this 12th day of September, 2016, personally appeared Michael Rodriguez, D.M.D., who having been first duly sworn and cautioned deposes and says:

1. That his full and correct name is Michael Rodriguez, D.M.D.
2. That he is the Manager of Michael Rodriguez, DMD, LLC.
3. That the Company has no intention of reinstating.
4. That the Company hereby releases the name for use by another entity.

Further Affiant sayeth naught.


Michael Rodriguez, D.M.D.

The foregoing instrument was acknowledged before me this 21st day of September, 2016, by Michael Rodriguez, D.M.D., as Manager of Michael Rodriguez, D.M.D. LLC, who is personally known to me or who has produced FL DL as identification.

(SEAL)


Printed Name: _____
My Commission Expires: 11/19/18

