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FLORIDA PROFIT/NON PROFIT CORPORATION Dental Designs Group, P.A.

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Dental Designs Group, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1412 SW 158 Ave
Pembroke Pines, Florida 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johnny Peralta, President Name and Title: _____

Address: 1412 SW 158 Ave Address: _____
Pembroke Pines, FL 33027 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Johnny Peralta
 Address: 1412 SW 158 Ave
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Johnny Peralta
 Address: 1412 SW 158 Ave
Pembroke Pines, FL 33027

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: _____
 Required Signature/Registered Agent

9/20/17
 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 s817.155, F.S.

 Required Signature/Incorporator

9/20/17
 Date