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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
REDBIRD DENTAL CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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REGISTRATION
BUREAU OF COMMERCIAL
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Corporate Filing Menu

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OCT 31 2017

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ARTICLES OF INCORPORATION

In compliance with Chapter 807 (Profit)

ARTICLE I NAME The name of the corporation is:

REDBIRD DENTAL CARE, INC.

ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address is:

118 ZAMORA CORAL GABLES, FL 33134

ARTICLE III SHARES: The number of shares of stocks is: 100 Stocks

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

- **HECTOR M. ACOSTA VP/DIRECTOR**
- **RITA M. CLARO, DDS President / Director**
- **EMILIO ENER CLARO VP/DIRECTOR**

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:


**HECTOR M. ACOSTA
118 ZAMORA , CORAL GABLES, FL 33134**

ARTICLE VI INCORPORATOR:

**HECTOR M. ACOSTA
118 ZAMORA , CORAL GABLES, FL 33134**

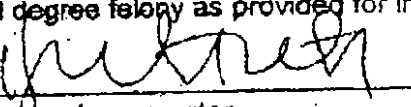
Required signatures :

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 capacity


Registered agent

10/30/2017
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

10/30/2017
Date

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