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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number       : (850)617-6381

From:
        Account Name     : C T CORPORATION SYSTEM
        Account Number   : FCA000000023
        Phone            : (614)280-3339
        Fax Number       : (954)208-0845

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email  Address:_____
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FLORIDA PROFIT/NON PROFIT CORPORATION
Divergent Dental Group (FL), P.A.

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

2018 AUG 20 PH 4: 03

2018 AUG 20 AM 9: 17
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TALLAHASSEE, FL
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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: Divergent Dental Group (FL), P.A.

ARTICLE II   PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
6025 Sun Blvd. #302	
St. Petersburg, FL 33715	

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: practicing the profession of dentistry.

ARTICLE IV   SHARES
The number of shares of stock is: 10,000

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____   Name and Title: _____

Address _____   Address: _____

Name and Title: _____   Name and Title: _____

Address _____   Address: _____

Name and Title: _____   Name and Title: _____

Address _____   Address: _____

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: C T Corporation System
            _____
Address: 1200 South Pine Island Road
            _____
            Plantation, FL 33324
            _____

ARTICLE VII   INCORPORATOR

The name and address of the Incorporator is:

Name: Michael F. Battle
            _____
Address: 6025 Sun Blvd., #302
            _____
            St. Petersburg, FL 33715
            _____

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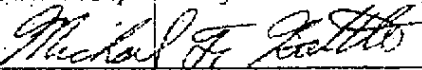
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

C T Corporation System

By:_____   Olga Hinkel -VP   8/20/2018
                                        Required Signature/Registered Agent   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.

_____   8/20/2018
Required Signature/Incorporator   Date
Michael F. Battle