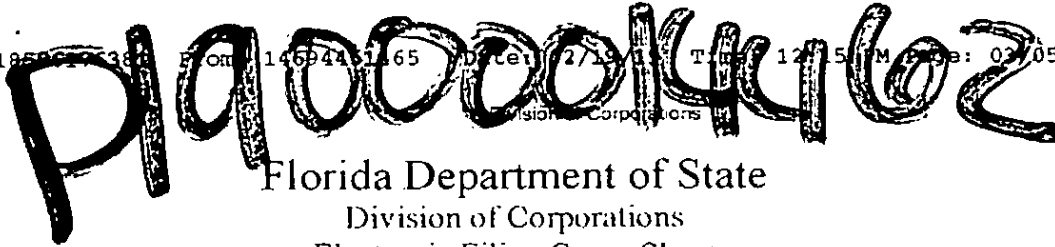


To: 185000053488 From: 1469445165 Date: 2/14/19 Time: 12:15 PM Page: 03/05

2/14/2019



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
PRISTINE DESIGNS DENTAL INC**

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

2019 FEB 19 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

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(((H19000053488 3)))

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

ARTICLE I NAME PRISTINE DESIGNS DENTAL INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

800 NW 27 AVENUE SAME

MIAMI FL 33125

ARTICLE III PURPOSE TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY
The purpose for which the corporation is organized is: _____
THE LAWS OF THIS STATE.

ARTICLE IV SHARES 100SHRS/\$1.00PAR/SHARE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	WENDY E PINALE SWANSON-P	Name and Title:	_____
Address	800 NW 27 AVENUE	Address:	_____
	MIAMI FL 33125		_____
	_____		_____

Name and Title:	ANDY GARCIA-VP	Name and Title:	_____
Address	800 NW 27 AVENUE	Address:	_____
	MIAMI FL 33125		_____
	_____		_____

Name and Title:	TOMAS CRESPO-SEC	Name and Title:	_____
Address	800 NW 27 AVENUE	Address:	_____
	MIAMI FL 33125		_____
	_____		_____

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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: ANDY GARCIA-VP
Address: 800 NW 27 AVENUE
MIAMI FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDY GARCIA-VP
Address: 800 NW 27 AVENUE
MIAMI FL 33125

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

X [Signature] _____ 02/14/19
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.

X [Signature] _____ 02/14/19
Required Signature/Incorporator Date

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