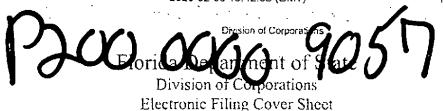
2/3/2020



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FLORIDA PROFIT/NON PROFIT CORPORATION SOLEA DENTAL SPA, INC.

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

The name of the corporation shall be: Solea Dental Spa, Inc. (RTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is same Sunny Isles Beach, FL 33160 RTICLE III PURPOSE The purpose for which the corporation is organized is operation of a medical /dental spanny and all lawful business RTICLE IV SHARES The number of shares of stock is: 1,000 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Boris Lipovetskiy, P/D Name and Title: Address 18210 Collins Avenue Address:
Sunny Isles Beach, FL 33160 RTICLE III PURPOSE the purpose for which the corporation is organized is: operation of a medical/dental spanning and all lawful business RTICLE IV SHARES e number of shares of stock is: 1,000 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Boris Lipovetskiy, P/D Name and Title:
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<u>3-1</u>
Sunny Isles Beach, FL 33160
Name and Title: Name and Title:
Address Address:
Name and Title: Name and Title:

Name and Title:		Name and Title:		
Address		Address:		

, pomer e un	neclerenen (CENT			
The name and I	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Boris Lipovetskiy			
Address:	18210 Collins Avenue	· · · · · · · · · · · · · · · · · · ·	****	
	Sunny Isles Beach, FL 3316	o <u> </u>	. 20	
ARTICLE VII	INCORPORATOR	;— <u>C</u>	FEB F	
The name and a	ddress of the Incorporator is:	258	- S	
Name:	Boris Lipovetskiy	ر د د. ۱ از این	A C	
Address:	18210 Collins Averue			
	Sunny Isles Beach, PL 331	60 E		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot	(OPTIONAL) he more than five days prior or 9	O days after the	
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this certificate, I d	ned as registered agent to accept service of process; am familiar with and accept the appointment as regi	stered agent and agree to act in this		
· /	Required Signature/Registered Agent		/31/20	
I submit this doc	umens and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false infor		
13.	Gorot 824		31/20 Date	
Remii	red Si/mature/incomorator		Date	