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FLORIDA PROFIT/NON PROFIT CORPORATION JainanDental P.A.

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Jainan Dental P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4810 W McElroy Ave, Unit 29 Tampa, FL 33611

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of: Dentistry

Prepared By:
Bruce B. Hubbard
238 WEST JERICHO TURNPIKE
HUNTINGTON STATION, NY 11746
(800)443-8177/(516)935-3940

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

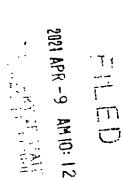
The name and address of the initial registered agent is:

Kenneth Jainandan 4810 W McElroy Ave, Unit 29 Tampa, FL 33611

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Kenneth Jainandan - President / Director 4810 W McElroy Ave, Unit 29, Tampa, FL 33611



ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kenneth Jainandan 4810 W McElroy Ave, Unit 29, Tampa, FL 33611

ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

Upon Filing

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

8th day of April 20 21

Kenneth Jainandan SIGNATURE

14154847068

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	JainanDental P.A.			
2. The name and address of the registe	ered agent and office is:		2021 APR -9	1'
	Kenneth Jainandan Name	~ 	AM 10:	0
	4810 W McElroy Ave, Unit 29 (P.O. Box or Mail Drop Box NOT Acceptable)	ўД. ———	12	
	Tampa, FL 33611 (City / State / Zip)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Kenneth Jaina dan **SIGNATURE**

April 8, 2021

(Date)