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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for futur@\co annual report mailings. Enter only one email address please.\*\*

	Bddress:			
-81231	DANNESS.			

## FLORIDA PROFIT/NON PROFIT CORPORATION SWEETWATER DENTAL CLINIC INC

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

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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 is:	
superwater Dental Clinic In	<u>C</u>
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  10500 W. FLAGLER ST.	
MIAMI, FL 33174	
ARTICLE III SHARES: The number of shares of stock is:jOO	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
DR. MAXWELL OSMIN CARDENAS (P)  CRISTIAN CARDENAS (VP)	
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	6: 30
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is	
Dryamell Osmin Cardenas	
10500 W Flagler St	
Miami F1 33174	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	
or Maxwell Comin caracinas	
Insm II) Flagler St	

## 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 this capacity

X Registered Agent B 12 21

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 Bate

2021 AUG 12 PM 6: 3
SECRETARY OF STATE