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Division of Corporations

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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DENTALBLESS MANAGEMENT INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FEB - 1 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DENTALBLESS MANAGEMENT INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
742 W. 49th STREETHIALEAH, FL 33012

Mailing address, if different is:

742 W. 49th STREETHIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GLORIA M. FERNANDEZ - PAddress 742 W. 49th STREET
HIALEAH, FL 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLORIA M. FERNANDEZ
 Address: 742 W. 49th STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GLORIA M. FERNANDEZ
 Address: 742 W. 49th STREET
HIALEAH, FL 33012

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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*

Gloria M. Fernandez
Quoted as Fernandez (Jan 27, 2022 17:13:53)

Required Signature/Registered Agent

01/27/2022

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.

Gloria M. Fernandez
Quoted as Fernandez (Jan 27, 2022 17:13:53)

Required Signature/Incorporator

01/27/2022

Date