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Florida Department of State  
Division of Corporations  
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To:

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION DENTAL FIRST CARE 1 PA

Certificate of Status	0
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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 shall be: DENTAL FIRST CARE 1 PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2330 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSES RELATED TO THE PRACTICE OF DENTISTRY  
IN THE STATE OF FLORIDA THROUGH FLORIDA LICENSED PROVIDERS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RODOLFO OLMOS-PRES

Name and Title: \_\_\_\_\_

Address 2330 PONCE DE LEON BLVD

Address: \_\_\_\_\_

CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: DORIS E CARDELLE  
 Address: 10264 SW 127TH COURT  
MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: RODOLFO OLMOS  
 Address: 2330 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**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.*

Doris E. Cardelle 8/8/2022  
 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.*

[Signature] 8/8/2022  
 Required Signature/Incorporator Date

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