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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SAMAR DENTAL SOLUTIONS INC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:SAMAR DENTAL Solutions INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2855 NW 112<sup>th</sup> Ave #3  
DORAL, Florida 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**RAFAEL OCTAVIO MORALES  
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rafael Octavio Morales  
2855 NW 112<sup>th</sup> Ave #3  
Doral Florida 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Rafael Octavio Morales  
2855 NW 112<sup>th</sup> Ave #3  
Doral Florida 331722023 JUN -2 PM 1:51  
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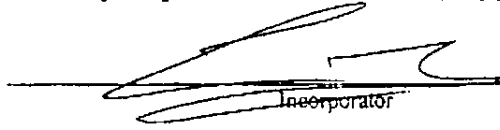
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**Required Signatures:**

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

 \_\_\_\_\_ 06/02/2023  
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.

 \_\_\_\_\_ 06/02/2023  
Incorporator Date

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