OFFICE USE ONLY

Cheleanna I dentetrention Network Inc. 1753 Unevenuety Proces Suche 335

Cenal Sphery's Fl 33071
(Liny, State, Zip) (Phone #)

Fictitious Name

CR2E031(10/92)

Name Reservation

Limited Partnership

Reinstatement

Trademark

Other

700001396687 02/02/95--01098--004 \*\*\*\*122.50 \*\*\*\*122.50

T. BROWN FEB - 7 1995

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_ Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment No-profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign

•	AKTICLES C	OF INCORPORATION	25 7
	Children's I death	of Ecatron Network I	NC. TON
The undersign corporation u	ned subscriber(s) to these Articles of Inc nder the laws of the State of Florida	Ornoration natural necess(s) compati	ent to contract, hereby form
	ARTICLE I	- CORPORATE NAME	07
The name of	the corporation is:	4 te Feen tran Networ	ik Inc.
		E II - DURATION	,
This corporati	on shall exist perpetually unless disso		
		E III - PURPOSE	
The corporatio United States	n is organized for the purpose of engagand the State of Florida.		nitted under the laws of the
_	ARTICLE II	V - CAPITAL STOCK	
The corporation	n is authorized to issue from hem	varia shares (500) of	ONE
Dollar(s) (\$		non Stock, which shall be designate	
		GISTERED OFFICE AND AGEN	
The principal of	office, if known, or the mailing adress		
NAME		dentefrentson Netwo	10/1
ADDRESS	1253 Noeverysety 6	DENTIFICATION NETWO	ORK, I NC.
CITY	CORAL SDAENSS		1
	street address of the Initial Registere	FLORIDA 3307	ZIP
NAME			
		HOR JR.	
	53 UNEVERSETY PREUE		
CITY	CORAL SPRENCES		ZIP 3307
This gosporation		L BOARD OF DIRECTORS	
This corporation increased or dim addresses of the	shall have ONF (1 inished from time to time by the By- initial director(s) of the corporation	) directors initially. The number Laws, but shall never be less than eare as follows:	of directors may be either one (1). The names and
NAME	Thomas M. MENCR	Al.	
ADDITESS	2	KEUF 73CI	
CITY	CORAL SPARNIS	STATE F	zip 33071
NAME			211 3.30 11
ADDRESS			
CITY		STATE	Zip
NAME		WATEL TO SERVICE TO SE	ZIP
ADDRESS			
Criy		SPATE	
ORM 215: ARTICLE	S OF INCORPORATION PAGE 1 03	STATE	ZIP

ARTICLE VII - INCORPORATORS The names and addresses of the incorporators signing these Articles of Incorporation are as follows: NAME Thomas ADDRESS DEVERSED E BREUR # 201 CIIY' STATE zir 3307 NAME ADDRESS CLLA STATE ZIP NAME ADDAESS CTTY STATE ZIL IN WITNESS WHEREOF, the undersigne. subscriber(s) have executed these Articles of "corporation this day of <u>JAN</u>, 1995. (Scal) (Scal) (Scal) STATE OF FLORIDA SS COUNTY OF before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally Thomas MENOR JA known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation. IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 27th (Notary Seal) Public State of FloridaTER A SECTEN

MY COMMISSION & CC402652 EXPIRES August 23, 1998

BONDED THRU TROY FAIN INSURANCE, INC

## OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Childhen'S I DENTETECHTION NETWORK, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48,091 and 607,0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the A-ticles of Incorporation

COBAL SPRENCE FL. 33071

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)