

P95000038409

FILED

**MIGUEL CANO
2100 PONCE DE LEON BOULEVARD
SUITE 601
CORAL GABLES, FLORIDA 33134**

95 MAY 15 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

25 April 1995

**800001467550
-04/23/95--01003--008
*****70.00 *****70.00**

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

RE: BISCAYNE CAPITAL COMPANY

Dear Sir or Madam:

Enclosed and attached please find the originals and one set of copies of the articles of incorporation and registered agent acknowledgment for the proposed Florida corporation BISCAYNE CAPITAL COMPANY. The availability of this name was verified by your office.

Please find our check in the amount of \$70.00 in payment of the filing fee and registered agent designation. Kindly process this as soon as possible, and acknowledge the corporation is activated..

Thank you for your anticipated cooperation.

Sincerely,



Miguel Cano

*502
was-9252
MAY 15*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 2, 1995

MIGUEL CANO
2100 PONCE DE LEON BOULEVARD
STE 601
CORAL GABLES, FL 33134

SUBJECT: BISCAYNE CAPITAL COMPANY
Ref. Number: W9500009252

We have received your document for BISCAYNE CAPITAL COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 495A00021033

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BIS CAYNE CAPITAL FINANCE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2100 Ponce de Leon Blvd.
Ste. 601
Coral Gables FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one-hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miguel Cano
2100 Ponce de Leon Blvd.
Ste. 601
Coral Gables FL 33134

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SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MIGUEL CANO

2100 Ponce de Leon Blvd.

Ste. 601

Coral Gables FL 33134

Miguel Cano - President & Secretary

2100 Ponce de Leon Blvd.

ste. 601

Coral Gables FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of May, 1995.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BISCAYNE CAPITAL FINANCE
COMPANY

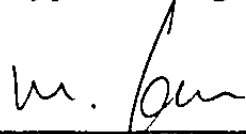
2. The name and address of the registered agent and office is:

MIGUEL CANO
(NAME)

2100 Ponce de Leon Blvd. - Ste 601
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Coral Gables FL 33134
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

11 May 1995
(DATE)

P96 0000 38409

Richard Mastwer
20223 NE 19th Pl.
N.M.B Fl. 33179

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-11/15/96--01056--015
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED STATE
SECRETARY OF COMMERCE
DIVISION OF CORPORATIONS
96 NOV 14 PM 12:58

ALL 1994 & 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 4, 1996

RICHARD MAUTNER
20223 NE 19TH PLACE
NORTH MIAMI BEACH, FL 33179

SUBJECT: DENTAL SPECIALIST NETWORK, INC.
Ref. Number: P96000038409

We have received your document for DENTAL SPECIALIST NETWORK, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 496A00050629

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV 14 PM 12:58

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is. Dental Specialist Network, Inc.

SECOND: The date dissolution was authorized: 10/25/96

THIRD: Adoption of Dissolution (check one)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

(The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by COMMON STOCKHOLDERS ."
(voting group) ONLY CLASS

Signed this 25th day of October, 1996

Signature

Rhonda Mautner
(By the Chairman or Vice Chairman of the Board,
President, or other officer)

Rhonda Mautner
(Typed or printed name)

Vice President
(Title)