

TRANSMITTAL LETTER

P96000008648

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

30 JUN 24 AM 9:47
TALLAHASSEE, FLORIDA

SUBJECT: DOTTIE'S DENTAL SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: DOTTIE SOCLOW
Name (printed or typed)

1000 WAVERLY STREET
Address

OLDSMAR FL. 34677
City, State & Zip

(813) 855-4486
Daytime Telephone number

300001696783
-01/24/96--01053--001
****131.25 ****131.25

1/29/96
TK

NOTE: Please provide the original and one copy of the articles.

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:

DOTTIE'S DENTAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1000 WAVERLY STREET
OLDSMAR, FLORIDA 34677

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DOTTIE R. SOLOLOW
1000 WAVERLY STREET
OLDSMAR, FLORIDA 34677

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):

DOTTIE SOCOLOW
1000 WAVERLY STREET
OLDSMAR, FL 34677

PRESIDENT

DARREN HENIG
1000 WAVERLY STREET
OLDSMAR, FL 34677

VICE

PRESIDENT

JARED HENIG
1000 WAVERLY STREET
OLDSMAR, FL 34677

SEC / TREASURER

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

16th day of JANUARY, 1996.

Dottie Socolow
Signature

Darren M. Henig
Signature

Jared Henig
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:

DOTTIE'S DENTAL SERVICES, INC.

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

DOTTIE Socolow
(NAME)

1000 WAVERLY STREET
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

OLDSMAR FL 34677
(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.

Dottie Socolow
(SIGNATURE)

1/16/96
(DATE)