

3/20/96
3/20/96

FLORIDA DIVISION OF CORPORATIONS
FLORIDA DIVISION OF CORPORATIONS
FAX ACCESS SYSTEM

12:51 PM

((H9600004013))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FROM: FAB-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 83-

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000004013))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: STOMATOLOGICAL PROSTHESIS INSTITUTE, INC.

FAX AUDIT NUMBER: H96000004013

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/20/1996

TIME REQUESTED: 12:51:28

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 8

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 071001002335

Notes: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H96000004013))

** ENTER 'M' FOR MENU. **

3/20/96

FLORIDA DIVISION OF CORPORATIONS

12:51 PM

FILED
96 MAR 20 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/20
RECEIVED
MAR 20 1996
TALLAHASSEE

H96000004013

SECRET
NO FORN DISSEM
DATE 01-01-80

96 MAR 20 PM 4:28

FILED

ARTICLES OF INCORPORATION

OF

STOMATOLOGICAL PROSTHESIS INSTITUTE, INC.

WE, the undersigned, in order to form a corporation for the purpose hereinafter stated, under and pursuant to the corporation laws of the State of Florida and the acts amendatory thereof and supplemental thereto, do hereby certify as follows:

ARTICLE I

The name of the Corporation and its address shall be:

STOMATOLOGICAL PROSTHESIS INSTITUTE, INC.
1915 S.W. 21st Avenue
Ft. Lauderdale, FL 33312

ARTICLE II

The Corporation shall have perpetual existence, unless sooner dissolved according to law.

ARTICLE III

The Corporation shall be organized for the following purposes:

A) To engage in the restoration and maintenance of oral functions; to record physiologic position of jaws to determine shape and size of dental prostheses, using face bows, dental articulator, and other recording devices; to replace missing teeth and associated oral structures with artificial teeth to improve chewing, speech and appearance; corrects natural and acquired deformation of mouth and jaws through use of prosthetic appliances.

Prepared by: YADIRA CLEMENTINA MOREL, P.A. (305) 448-0012
780 N.W. 42nd Avenue, Suite 521
Miami, FL 33126

H96000004013

B) To engage in the manufacture, sale, purchase, holding, importing and exporting of merchandise and personal property of all manner and description; to act as principals or agents for the purchase, sale and handling of goods, wares, and merchandise of any and all types and descriptions for the account of the Corporation, or as factor, agent, procurer or otherwise for and on behalf of another;

C) To manufacture, purchase or otherwise acquire, own, mortgage, pledge, sell, assign and transfer or otherwise dispose of, and to invest, trade, deal in and deal with, goods, wares, merchandise and real and personal property (tangible or intangible) of every class, kind and description;

D) To contract debts and borrow money, to issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness as required;

E) To purchase the corporate assets of any other corporation and engage in the same or other character of business;

F) To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge, or otherwise acquire or dispose of the shares of the capital stock, or any bonds, securities, or other evidences of indebtedness created or issued by any other person, firm, association or corporation, or by any state or government, domestic or foreign, and while owner thereof to exercise all the rights, powers and privileges of ownership, including the right to vote stock;

H96000004013

G) To enter into, make and perform contracts of every kind with any person, firm, association or corporation municipality, political body, country, territory, state, government or colony or dependency or agency thereof;

H) To purchase, hold and reissue any of the shares of its capital stock;

I) In general, to do each and everything necessary, suitable and proper for the accomplish of any of the purpose or the attainment of any of the objects of the furtherance of any of the powers herein above set forth, either alone or in association with other corporations, firm, or individuals, and to carry on any business, and to have all powers in connection therewith, not forbidden by the laws of the State of Florida, and to do every other act of acts, thing or things incidental or appurtenant to or growing out of or connected with the aforesaid objects or purposes or any part or parts thereof.

J) To have and exercise all powers granted corporations under the laws of the State of Florida or any amendments thereof.

H96000004013

ARTICLE IV

The maximum number of shares of capital stock which this Corporation shall be authorized to have outstanding at any time shall be FIVE HUNDRED (500) shares of common stock, each share having the par value of ONE DOLLAR (\$1.00) all of which shall be of the same class and have the same distinguishing characteristics.

ARTICLE V

The amount of capital with which this Corporation shall commence business shall not be less than FIVE HUNDRED DOLLARS (\$500.00).

ARTICLE VI

The names and post offices addresses of the first Board of Directors of this Corporation, who shall hold office until their successors are elected are as follows:

<u>NAME</u>	<u>ADDRESS</u>
PEDRO GONZALEZ-HERQUES	1915 S.W. 21st Avenue Ft. Lauderdale, FL 33312

** This corporation shall have a minimum of one director.

H96000004013

ARTICLE VII

The names and post office addresses of the subscribers to these Articles of Incorporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>
PEDRO GONZALEZ-HERQUES	1915 S.W. 21st Avenue Ft. Lauderdale, FL 33312

ARTICLE VIII

The street address of the initial registered office of this corporation is 1915 S.W. 21st Avenue, Ft. Lauderdale, FL 33312, and the name of the initial registered resident agent of this corporation at the address is PEDRO GONZALEZ-HERQUES.

ARTICLE IX

The power to adopt, alter, amend or repeal the By-laws shall be vested in the Board of directors. The affairs of the Corporation shall be managed by the Board of Directors in accordance with the By-laws which may be adopted from time to time.

ARTICLE X

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved at a Stockholder's Meeting by a majority of the stock entitled to vote thereon.

H96000004013

ARTICLE XI

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XII

The corporation shall indemnify any officer or director or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed the Articles of Incorporation this 6th day of March, 1996.


PEDRO GONZALEZ-HERQUES

H96000004013

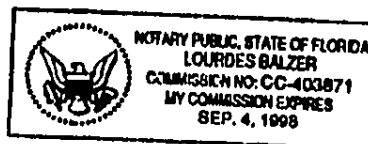
STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared PEDRO GONZALEZ-HERQUES known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 6th day of March, 1996.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

MY COMMISSION EXPIRES:



H96000004013

H96000004013

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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
STOMATOLOGICAL PROSTHESIS INSTITUTE, INC.
2. The name and address of the registered agent and office is:
PEDRO GONZALEZ-HERQUES
1915 S.W. 21st Avenue
Ft. Lauderdale, FL 33312

Signature: 

Title:

Registered Agent

Date:

March 6, 1996

96 MAR 20 PM 4 28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: 

Date:

March 6, 1996

H96000004013