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7/08/96 FLORIDA DIVISION OF CORPORATIONS 11:02 PM
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS FROM: FAB-T CORP. AGENTS, INC.
DEPARTMENT OF STATE 8405 NW 53RD ST
STATE OF FLORIDA SUITE C-100
409 EAST GAINES STREET MIAMI FL 33166- 9-0000
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ
FAX: (904) 922-4000 PHONE: (305) 599-0839
FAX: (305) 592-9591

((H96000009420))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: GINETTE HIM CERRUD, DDS, P.A.
FAX AUDIT NUMBER: H96000009420 CURRENT STATUS: REQUESTED
DATE REQUESTED: 07/08/1996 TIME REQUESTED: 16:02:02
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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TALLAHASSEE, FLORIDA

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FLORIDA DIVISION OF CORPORATIONS

96 JUL -9 AM 7:49

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ARTICLE I OF INCORPORATION
OF
GINETTE HIM CERRUD, DDS, PA

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

ARTICLE I NAME

The name of the corporation shall be:
GINETTE HIM CERRUD, DDS, PA

The principal place of business of this corporation shall be:
11780 SW 18 STREET # 108
MIAMI, FL 33175

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States of Florida, or any other state, country, territory or nation, to engage in the dental medical practice.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:
10 SHARES \$ 50.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

GINETTE HIM CERRUD
11780 SW 18 STREET
MIAMI, FL 33175

Prepared by: Ginette Him Cerrud
11780 S.W. 18th St.
Miami, FL 33175
(305) 888-8555

ACCOUNTING

TEL : 30558159639

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

**GINETTE MM CERRUD
11780 SW 18 STREET # 105
MIAMI, FL 33175**

IN WITNESS WHEREOF, the undersigned incorporator(s) has(Have) executed these Articles of Incorporation this 03 day of July, 1996.

Signature(s) of Incorporator(s)



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**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
GINETTE HIM CERRUD, DDS, PA
2. The name and address of the registered agent and office is:
GINETTE HIM CERRUD
11700 SW 18 STREET # 108
(P.O.BOX NOT ACCEPTABLE)
MIAMI, FL 33175

(CITY/STATE/ZIP)

SIGNATURE

(Corporate Officer)

TITLE

DDS.

DATE

07 - 03 - 96

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

07 - 03 - 96

REGISTERED AGENT FILING FEE:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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