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CityState/Zip Phone #  LOCAL REPRESENTATIVE TALLAHASSE  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):  1. ROLANDO J. MOLINA D.S. PA.  (Corporation Name)  (Cor	MIAMI, FL 33174 (305)552-5973  MIAMI, FL 33174 (305)552-5973  City/State/Zip Phone # Office Use Only  CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):    ROLANDO J. MOLINA D.S. PA. (Corporation Name) (Document #)    (Corporation Name) (Document #)    (Corporation Name) (Document #)    (Corporation Name) (Document #)    Walk in Pick up time	1		•
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Examiner's Initials

# ARTICLES OF INCORPORATION SEP 30 FIX 2150

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: Rolando J. Molina DDS, RA.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 5991 S.W. 8 st.
MIAMI FLORIDA 33144

#### ARTICLE III SHARES

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

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Rolando J. Molina. 1415 SW 125 ct.

Miami Fla 33184.

#### ARTICLE V INCORPORATOR(S)

The state of the s

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

Rolando J Molina 1415 SW 125 ct. Miami Fla 33184.

#### ARTICLE VI DIRECTOR(S)

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

Rolando J Molina 1415 SW 125 ct. Miami Fla 33184.

The undersign	he undersigned incorporator(s) has(have) executed these Articles of Incorporation this				
26	September	, 19 <u>96</u> .			
		R 4000			
	<del></del>	Signature	<del></del>		
		Signature	<del></del>		
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#### TYPE OF BUSINESS TO BE CONDUCTED!

Rolando J. Molina DDS. PA. was created for the purpose of conducting all types of Dental services; this services will be provided in dental offices as well as mobile services; to take care of patients that could not come to the dental office as well as generatic patients. This Company may also be use to provide services as a dental laboratory.

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Rolando J Molina DDS,	PA.
2.	The name and address of the registered agent and office is:	17AL 196
	Rolando J Molina DDS.	
	(NAME)	The second second
	1415 SW 125 ct	SST P
	(P.O. BOX NOT ACCEPTABLE)	
	Miami Florida 33184.	2: 58 2: 58 (=Loalo
	(CITY/STATE/ZIP)	1

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 CO.