

TRANSMITTAL LETTER

**700000 23 725**

SUBJECT: DENTAL MEDICAL DEPOT INC.  
(Proposed corporate name - must include suffix)

7000001965977  
-10/08/96--01024--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Susana Barbat  
Name (printed or typed)  
8410 West Flagler St., Suite 208  
Address  
Miami, Florida, 33144  
City, State & Zip  
(305) 554-7724  
Daytime Telephone number

96 OCT -7 PM 2:21  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

DENTAL MEDICAL DEPOT INC.

### ARTICLE II PRINCIPAL OFFICE

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

3401 S.W., 24 Street

Miami, Florida, 33145

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares Common Stock no par value.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SUSANA BARBAT

8410 West Flagler Street, Suite 208

Miami, Florida, 33144.

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**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):

Susana Barbat

8410 West Flagler St., Suite 208

President

Miami, Fl. 33144

Martinez Sonia

3401 S.W., 24 St., Miami, Fl. 33145

Secretary and Treasurer.

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

28th. day of September, 19 96.



Signature

Susana Barbat

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: DENTAL MEDICAL DEPOT INC.

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

SUSANA BARBAT

(NAME)

8410 West Flagler Street, Suite 208

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida, 33144

(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED

*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.*

x

  
(SIGNATURE)

September 28th., 1996.  
(DATE)