

PROFESSIONAL ASSOCIATION

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SECRE AND LANE TALLAHASSEE, FLORIDA

December 13, 1996

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Secretary of State **Division of Corporations** 409 East Gaines Street Tallahassee, FL 32399

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Re:

R.A. COHEN, D.D.S., P.A. Our File No.: 980-579-2CC

Dear Sir or Madam:

Enclosed is an original and one copy of the Articles of Incorporation for the above-referenced corporation. Also enclosed is our check in the amount of \$70,00 to cover the charges for filing fees and registered agent.

Please return a true copy of the Articles of Incorporation showing that they have been received and filed. We have enclosed a self-addressed, stamped envelope for your convenience in returning same.

Thank you for your cooperation.

Very truly yours,

NEIMARK, GREENE & NADEL, P.A.

CAN;dp **Enclosures**

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ARTICLES OF INCORPORATION

OF

R.A. COHEN, D.D.S., P.A.

96 DEC 16 PM 12: 33
ALLAMASSEE, PLOSSE

Theundersigned, who is duly licensed to practice dentistry in the State of Florida, desiring to form a professional corporation in accordance with Chapter 607 of the Florida Statutes and Chapter 621, the Florida Professional Service Corporation Act, adopt the following Articles of Incorporation:

ARTICLE I NAME OF CORPORATION

The name of this Corporation shall be:

R. A. COHEN, D.D.S., P.A.

and its principal place of business shall be 1930 Las Colinas Way, Coral Springs, FL 33071.

ARTICLE II PURPOSE

The purpose for which the corporation is organized is to practice the profession of dentistry.

ARTICLE III DURATION

The term of existence of the corporation is perpetual.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that the corporation is authorized to have outstanding is 1,000 all of which shall be common shares with parvalue of \$.01.

ARTICLEV REGISTERED OFFICE

The address of the initial registered office of the corporation in this State is 1930 Las Colinas Way, Coral Springs, FL33071. The initial registered agent at the registered office is RONALD A. COHEN.

ARTICLEVI

The name and post office address of the incorporator is:

RONALD A. COHEN 1930 Las Colinas Way Coral Springs, FL 33071

> ARTICLE VII DIRECTORS

The business of the corporation shall be managed by the shareholders of the corporation rather than by a Board of Directors.

ARTICLE VIII COMMENCEMENT OF CORPORATE EXISTENCE

Pursuant to Section 607.167, Florida Statutes, this Corporation shall commence its corporate existence upon filing.

IN WITNESS WHEREOF, we have hereunto subscribed our names this _____ day of December, 1996.

RONALDA. COHEN, INCORPORATOR

Notary Public

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared RONALDA. COHEN, tomeknown to be the person described as incorporator in and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposes therein set forth.

WITNESS my hand and official seal.

Print, stamp or type as commissioned

✓ Personally known to me, or✓ Produced Identification:

(type of identification)

DEBRA L. PRESTIPINO
Notary Public, State of Florida
My Comm. expires Dec. 4, 1999
No. CC 515607
Bonded Thru 6078-tal Metery, Service
1-(800) 723-0121

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That R.A. COHEN, D.D.S., P.A. desiring to organize under the laws of the State of Florida, with its Registered Office as indicated in the Articles of Incorporation at 1930 Las Colinas Way, Coral Springs, FL 33071 and RONALD A. COHEN as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

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.

RONALDA. COHEN, REGISTERLDAGENT

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared RONALDA. COHEN, to me known to be the person described as I tegistered Agent and who executed the foregoing Articles of Incorporation and who swore and acknowledged that he executed the foregoing Articles of Incorporation for the purposas therein set forth.

WITNESS my hand and official seal.

DEBRA L. PRESTIPINO
Notary Public, State of Florida
My Comm. suplies Dec. 4, 1999
No. CC 515807
Bended The Withful Metery Service
1-(800) 723-0121

Print, stamp or type as commissioned

☐Personally known to me. . ☐ Produced Identification:

(type of identification)

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