

# 797000014705

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

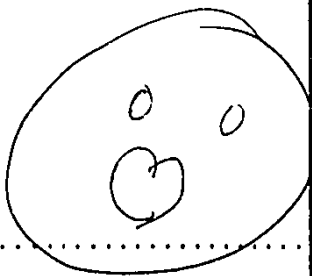
To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

**FILED**  
 97 FEB 14 PM 2:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FEB 14 1997



REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	2/14/97		
TIME	9:50		CK No. _____
BY	CW		

WALK-IN  
 Will Pick Up \_\_\_\_\_

RE: Dental Doctor Services  
VI, INC.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
Name Reservation	-02/14/97-01016-023	
Annual Report/Reinstatement	****367.50 ****122.50	
Reg. Agent Service		
Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX ( ) pgs.		

SUBTOTALS \_\_\_\_\_

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 15% per Annum.

THANK YOU  
 from  
 Your Capital Connection

ARTICLES OF INCORPORATION  
OF  
DENTAL DOCTOR SERVICES VI, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, for the purpose of forming a corporation for profit pursuant to Chapter 607, Florida Statutes, does hereby adopt the following Articles of Incorporation:

Article I

NAME

The name of the Corporation is:

DENTAL DOCTOR SERVICES VI, INC.

Article II

DURATION

The Corporation shall have perpetual existence commencing on the date of the filing of this Articles of incorporation with the Department of State of Florida.

Article III

PURPOSE

The purpose of the Corporation is to engage in any activities of business permitted under the law of the United States.

Article IV

CAPITAL STOCK

The Corporation is authorized to issue 100 shares of common stock with no par value.

Article V

STOCK HOLDERS MEETINGS

Unless otherwise provided for in the Corporation's by-laws, a majority of the shares entitled to vote, represented in person or by proxy, shall be required to constitute a quorum at a meeting of shareholders.

## **Article VI**

### **PRINCIPAL CORPORATE OFFICE AND REGISTERED AGENT**

The name and street address of the principal corporate office is:

**DENTAL DOCTOR SERVICES VI, INC.  
12000 Biscayne Boulevard, Suite 200  
North Miami, Florida 33181**

The name and street address of the initial Registered Agent is:

**Paulo Dominguez  
12000 Biscayne Boulevard, Suite 200  
North Miami, Florida 33181**

## **Article VII**

### **INITIAL BOARD OF DIRECTOR(S)**

The Corporation shall have at least one (1) director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the bylaws, but shall never be less than one. The name and address of the initial director of the corporation is as follows:

**Dr. Michelle M. Rivera  
231-174<sup>th</sup> Street #407  
Miami Beach, Florida 33160**

## **Article VIII**

### **INCORPORATORS**

The name and address of the Corporation's incorporator is:

**Dr. Michelle M. Rivera  
231-174<sup>th</sup> Street #407  
Miami Beach, Florida 33160**

Article IX

RESTRICTIONS OF TRANSFER OF CAPITAL STOCK

Unless otherwise provided by the Corporation's bylaws no shares of the capital stock of this Corporation may be transferred without the prior approval of the Corporation's Board of Director.

Article X

INDEMNIFICATION

The Corporation shall indemnify its officer, directors and authorized agents on all liabilities incurred directly, indirectly or incidentally to services performed for the Corporation to the fullest extent permitted under Florida law existing now or hereinafter enacted.


Article XI


PREEMPTIVE RIGHTS

The holders of the common stocks of this Corporation shall have preemptive rights to purchase at prices, terms and conditions that shall be fixed by the Board of Directors, those shares of the common stock of this Corporation which may be issued from time to time for money, property or past services in addition to stock authorized and issued by the Corporation. The preemptive right of any share holder is determined by the ratio of the authorized and issued shares of common stock currently authorized and issued.

IN WITNESS WHEREOF, The undersigned incorporator and registered agent has executed these Articles of Incorporation this 13 day of February 1997.

REGISTERED AGENT ACCEPTS THE DUTIES OF SAID OFFICE.

  
Incorporator

  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA