# P97000024641



ACCOUNT NO. : 072100000032

REFERENCE :

2972601

81730

**AUTHORIZATION:** 

COST LIMIT : \$ PPD

ORDER DATE: March 18, 1997

ORDER TIME : 10:25 AM

ORDER NO. : 297260-005

CUSTOMER NO: 81730A

CUSTOMER: Mr. Bob Worthington

M. BURR KEIM COMPANY

105 North Watts Street

Philadelphia, PA 19107

DOMESTIC FILING

NAME: DIRECT MOBILE DENTAL SERVICES

OF FLORIDA, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Todd Sterzoy

EXAMINER'S INITIALS:

K.R. MAR 1 9 1997

### ARTICLES OF INCORPORATION

OF

## DIRECT MOBILE DENTAL SERVICES OF FLORIDA, INC.

The undersigned, incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

DIRECT MOBILE DENTAL SERVICES OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The mailing address of this corporation shall be:

542 Carrington Lane, Weston, FL 33326

ARTICLE III CAPITAL STOCK

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

One Hundred (100) Shares Par Value \$1.00 Per Share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Luisa Behar-Levy 542 Carrington Lane, Weston, FL 33326

# ARTICLE V INITIAL DIRECTORS

The names and addresses of the initial directors are:

Steven Melman 6110 Ridge Avenue, Philadelphia, PA 19128

#### ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Robert Worthington 105 North Watts Street, Philadelphia, PA 19107

The undersigned has executed these Articles of Incorporation this /4/4/day of March, 1997.

Robert Worthington Incorporator

# CERTIFICATE OF DESIGNATION 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:

DIRECT MOBILE DENTAL SERVICES OF PLORIDA, INC.

The name and address of the registered agent and office is:
 Luisa Behar-Levy S42 Carrington Lane, Weston, FL 33326

Signature

lobert Worthington

Title:

Incorporator

Date:

March ///, 1997

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

Vulga/Hehar-Levy

Date:

March 14, 1997

97 MAR 18 AN II: 29
SECHANASSEE FLURIDA