PHORIDE DIVISION OF CORPORATIONS 9.00

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FAX #:

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FROM: MIT PRODUCTS AND SERVICE, INC.

ACCT#:

070402002741

CONTACT: RAFAEL MOREL

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FAX #:

PHONE: (305)871-0008

(305) 871-0550

NAME: DENTAL SUPPLY CORPORATION

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

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SECRETATO OF STATE
ON TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

**OF** 

DENTAL SUPPLY CORPORATION

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 SUPPLY CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

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

8025 LAKE DR. # 203 MIAMI, FLORIDA 33166

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

#### ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

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PREPARED BY: MIT PRODUCTS & SERVICE, INC. 6555 N.W. 36th St. Ste. 301 Miami, Fl. 33166

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## RTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

STEPHANIE RON MCSPADDEN 8025 LAKE DR. # 203 MIAMI, FLORIDA 33166

#### ARTICLE VI

This corporation shall have (2) (two) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

> LUIS RAFAEL ACEVEDO SIFONTES 'AVE. LIBERTADOR # 15 CENTRO MEDICO QUIRURGICO LA CANDELARIA LOCAL # 2 VALLE LA PASCUA 'EDO. GUARICO VENEZUELA

'STEPHANIE RON MCSPADDEN 8025 LAKE DR. # 203 MIAMI, FLORIDA 33166

## ARTICLE VII

OFFICER(S) AND SUBSCRIBER(S) The officer(s) and subscriber(s) of this corporation is as follow:

LUIS RAFAEL ACEVEDO SIFONTES PRESIDENT/DIRECTOR

STEPHANIE RON MCSPADDEN VICE-PRESIDENT/TREASURER/SECRETARY/ DIRECTOR

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#### ARTICLE VIII

## INCORPORATOR (S)

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

STEPHANIE RON MCSPADDEN 8025 LAKE DR. # 203 MIAMI, FLORIDA 33166

The undersigned has (have) executed these Articles of Incorporation this OSTER) Day of JUNE, 1997

STEPHANIE RON MCSPADDEN/INCORPORATOR Signature/ Title

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# 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. 2.	The name of the corporation The name and address of the	is: DENTAL SUPPLY CORPORATION registered agent and office is:
	STEPHANIE RON MCSPADDE	N
	(NAME)	
	8025 LAKE DR. # 203	
	(ADDRESS)	
	·	
	MIAMI, FLORIDA 33166	
	(CITY/STATE/ZIP)	10
	;	CHIZMS !!
		SIGNATURE This /1/ Jadden
	!	TITLE
	•	DATE_June 05, 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

DATE June 05, 1997

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