

P97000086077

Anthony A Senjo

Requestor's Name

478 E. Altamonte Springs #108-400

Address

Altamonte Springs FL 32714

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Quality Dental, Inc. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT - 6 AM 1:22

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000002291710--8  
-09/12/97--01082--002  
\*\*\*\*122.50 \*\*\*\*122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SEP 15

2544 5/10/6  
W97-21129



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 15, 1997

ANTHONY ASENJO  
478 E. ALTAMONTE SPRINGS #108-400  
ALTAMONTE SPRINGS, FL 32714

*Network*

SUBJECT: QUALITY DENTAL, INC.  
Ref. Number: W97000021129

We have received your document for QUALITY DENTAL, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 497A00045623

## **ARTICLES OF INCORPORATION**

The undersigned incorporator, 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 Quality Dental Network, Inc.

### **ARTICLE II** **PRINCIPAL OFFICE**

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

478 E. Altamonte Springs #108-400  
Altamonte Springs, FL 32714

### **ARTICLE III** **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

President - Marc Zipper 50 shares  
treasurer - Anthony Asenjo 50 shares

### **ARTICLE IV** **INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Tracy Schilling, Esq.  
118 West Orange Street  
Altamonte Springs, Florida 32714

### **ARTICLE V** **INCORPORATOR(S)**

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

Anthony Asenjo and Marc Zipper  
478 E. Altamonte Springs #108-400  
Altamonte Springs, FL 32714

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DIVISION OF CORPORATIONS  
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The undersigned incorporator(s) has (have) executed these Article of  
Incorporation this 1st day of September, 1997.



Signature



Signature

**NOTARIZATION IS NOT REQUIRED**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

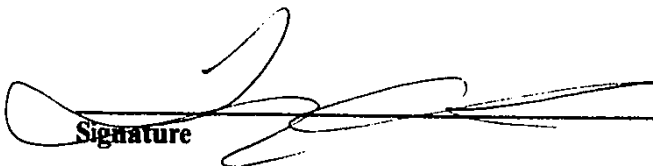
**PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER  
THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.**

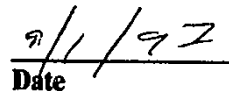
**1) The name of the corporation is Quality Dental Network, Inc.**

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

**Tracy Schilling, Esq.  
118 West Orange Street  
Altamonte Springs, Florida 32714**

**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

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STATE  
SECRETARY OF CORPORATIONS  
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