

P98000025559

PERFECT ACCESS SYSTEM
ELECTRONIC BILLING COVER SHEET

((H98000005316 8))

3:41 PM

TO: DIVISION OF CORPORATIONS
FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

FAX #: (850)922-4001
ACCT#: 072450003255
FAX #: (305)541-3770

NAME: LILLIAN R. ROCA-GODINEZ, D.D.S., P.A.
AUDIT NUMBER.....H98000005316
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0
CERT. COPIES.....1
PAGES.....4
DEL.METHOD.. FAX
EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM Connect: 00:01:56

FILED
98 MAR 18 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/19/98-TUM

H98000005316

ARTICLES OF INCORPORATION

OF

LILIAN R. ROCA-GODINEZ, D.D.S., P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: LILIAN R. ROCA-GODINEZ, D.D.S., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4999 WEST 8TH AVENUE, SUITE 1, HIALEAH, FL 33012.

ARTICLE III PURPOSE

The purpose of this corporation shall be: THE PRACTICE OF DENTISTRY.

ARTICLE IV CAPITAL STOCK

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

100 SHARES \$1.00 PAR VALUE

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LILIAN R. ROCA-GODINEZ
4999 WEST 8TH AVENUE, SUITE 1
HIALEAH, FL 33012

RAY STORMONT
ENTERPRISE CORPORATE KIT COMPANY
1492 West Flagler Street #200
Miami, Florida 33135-2208
(305) 541-3334

H98000005316

FILED
98 MAR 18 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H98000005316

ARTICLE VI BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

LILIAN R. ROCA-GODINEZ
4999 WEST 8TH AVENUE, SUITE 1
HIALEAH, FL 33012

ARTICLE VII OFFICERS(S)

The name, title and address of the officers of this corporation shall be:


PRESIDENT/SECRETARY/TREASURER
LILIAN R. ROCA-GODINEZ
4999 WEST 8TH AVENUE, SUITE 1
HIALEAH, FL 33012

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 W. FLAGLER ST #200
MIAMI, FL 33135

The undersigned has(have) executed these Articles of Incorporation this 18 day of MARCH, 1998.



Incorporator
Ray Stormont/President
Signing for
Empire Corporate Kit of America, Inc.

H98000005316

H98000005316

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 621, 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.

First that LILIAN R. ROCA-GODINEZ, D.D.S., P.A.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA
(Florida)
with its principal office, as indicated in the articles of
incorporation has named LILIAN R. ROCA-GODINEZ
(Name of Registered Agent)
located at 4999 WEST 8TH AVENUE, SUITE 1
City of HIALEAH County of DADE State of Florida,
as its agent to accept service of process within this state.

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



Registered Agent

H98000005316

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 18 AM 7:44

FILED