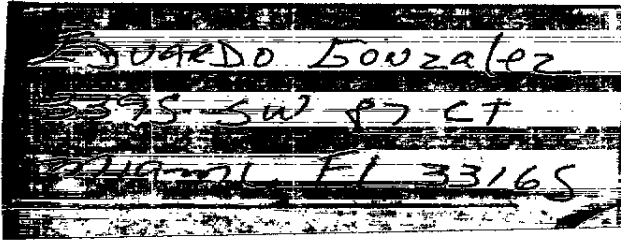


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*****78.75 *****78.75

Office Use Only

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

1. Eduardo Gonzalez DMD PA, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. 305-
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 APR 13 PM 1:18

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input 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

Eduardo GAVE
AUTHORIZATION BY PHONE TO
CORRECT delete "Inc"
DATE 4-13-98
DOC EXAM ST

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

W98-7147

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 31, 1998

EDUARDO GONZALEZ
3395 SW 87 CT
MIAMI, FL 33165

SUBJECT: EDUARDO GONZALEZ DMD PA, INC.
Ref. Number: W98000007147

We have received your document for EDUARDO GONZALEZ DMD PA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable corporate suffixes for professional associations are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The specific nature of business of the professional association must be stated in the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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) 487-6924.

Sharon Tala
Document Specialist Supervisor

Letter Number: 498A00017143

Eduardo Gonzalez DMD PA

April 07 1998

Florida Department of State
P.O Box 6327
Tallahassee, Fl 32314

Name : Eduardo Gonzalez

Address: 3395 SW 87 Ct
Miami, Fl 33165

Phone: Wed,Thu (305) 443-4456
Fri (305) 221-7039
Home (305) 220-5794

**ARTICLES OF INCORPORATION
OF
EDUARDO GONZALEZ DMD PA**

The undersigned incorporator(s) , for the purpose of forming a corporation under the Florida General Corporation Act , hereby adopt(s) the following Articles of Incorporation.

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DIVISION OF CORPORATIONS
98 APR 13 PM 1:18

ARTICLE I

IDENTIFICATION

The name of this Corporation is EDUARDO GONZALEZ DMD PA , and its principal place of business is 8822 SW 24 St., Miami, Florida 33165.

ARTICLE II

TERM OF EXISTENCE

This Corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the state of Florida. The date on which corporate existence shall begin is the date on which these Articles of Incorporation are filed with the Secretary of State of the State of Florida.

ARTICLE III

PURPOSES

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

The specific nature of business of the professional association is Dental Services.

ARTICLE IV

AUTHORIZED SHARES

This Corporation is authorized to issue 100 Shares of Common Stock with a par value of one dollar (\$1.00) per share.

ARTICLE V

REGISTERED AGENT AND OFFICE

The name and address of the initial Registered agent is:

EDUARDO GONZALEZ.

3395 SW 87 CT, Miami, Fl 33165

ARTICLE VI

INCORPORATOR

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

EDUARDO GONZALEZ
3395 SW 87 CT, Miami, Florida 33165

ARTICLE VII

DIRECTOR(S)

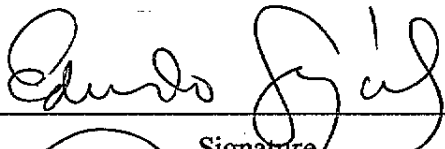
The name(s) and street address(es) of the director(s) to these Articles of incorporation is (are):

EDUARDO GONZALEZ , PRESIDENT
3395 SW 87 CT, Miami, Fl 33165

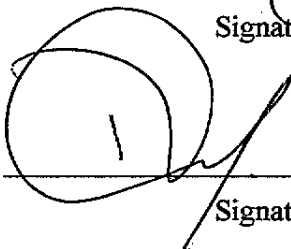
JAVIER ESTRADA , VICE PRESIDENT
3889 NW 5 ST , Miami, Fl 33126

The undersigned incorporator (s) has (have) executed these Articles of Incorporation.

Dated: 03-20-98



Signature



Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT**

Pursuant to the provisions of sections 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: EDUARDO GONZALEZ DMD PA

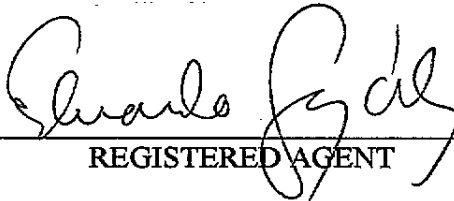
2) The name and address of the registered agent and office is:

EDUARDO GONZALEZ
3395 SW 87 CT
Miami, Fl 33165

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DIVISION OF CORPORATIONS
98 APR 13 PM 1:18

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.

Dated : 03-20-98



REGISTERED AGENT