P98000044657

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 900002592779--- 0 -07/20/98--01039--017 *****70.00 ******70.00

SUBJECT:	Abba Dental Inc
	(proposed corporate name)
Enclosed is an ori	ginal and one (1) copy of the articles of incorporation and our check
The second secon	
	$\Lambda \cap \mathcal{B}$
FROM:	Adam Banka Name (printed or typed)
•	2198 Princeton St
	Address EL 34237
•	Saras ta FC 34237 City, State, & Zip
•	(941) 379-6295
	Telephone Number

Note: Please provide the original and one copy of the Articles.

De ga

ARTICLES OF INCORPORATION

<u>OF</u>

Abba	Dental	Inc.	
71000	Ven jai	<i>,,,,</i> ,,,,	

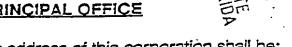
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Abba Dental Inc.

ARTICLE II PRINCIPAL OFFICE



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

. 2198 Princeton St. Sarasota FL 34237

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adam Banka

2198 Princeton St

Farasota FL 34237

ARTICLE V INCORPORATOR(S)

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

Adam Banka 2198 Princeton St Sarasota FL 34237

Peter Matiesek 2198 Princeton St Sarasota FL 34237

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: Abba Dental	/nc
•	The name and address of the registered agent and office is:	OF SOLETING
2.	Adam Banka (NAME)	ASS OF THE POPULATION OF THE P
	(P.O. BOX NOT ACCEPTABLE)	FLORION CO.
	Sarasota FL 34237 (CITY/STATE/ZIP)	

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 A/4/98
DATE 7/14/98