

P98000064657

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

900002592779--0  
-07/20/98--01033--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Abba Dental Inc  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 70

FROM:

Adam Banka  
Name (printed or typed)  
2198 Princeton St  
Address  
Sarasota FL 34237  
City, State, & Zip  
(941) 379-6295  
Telephone Number

FILED  
98 JUL 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CB  
223-98

ARTICLES OF INCORPORATION

OF

Abba Dental Inc.

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:

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Adam Banka  
2198 Princeton St  
Sarasota FL 34237

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TALLAHASSEE, FLORIDA  
STATE

## 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 Maticsek  
2198 Princeton St  
Sarasota FL 34237

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

14th day of July, 19 98.

Alvin Karpis

**Signature**

Peter Markisch

Signature

**Signature**

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: Abba Dental Inc

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

Adam Banka  
(NAME)

2198 Princeton St.  
(P.O. BOX NOT ACCEPTABLE)

Sarasota FL 34237  
(CITY/STATE/ZIP)

FILED  
96 JUL 20 AM 8:29  
SECRET  
TALLAHASSEE, FLORIDA

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 Adam Banka

DATE 7/14/98

REGISTERED AGENT FILING FEE: \$35.00