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Florida Department of State

Division of Corporations **Public Access System** Sandra B. Mortham, Secretary of State

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Division of Corporations

: (850)922-4001 Fax Number

From:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

BABY TOOTH DENTAL CORP.

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ARTICLES OF INCORPORATION OF BABY TOOTH DENTAL CORP...



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.

ARTICLE I NAME

The name of the corporation shall be: BABY TOOTH DENTAL CORP.

The principal place of business of this corporation shall be: 18801 NW 12TH STREET PEMBROKE PINES, FLORIDA 33029.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 SHARES AT \$1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

1. JESUS CARRENO 18801 NW 12TH ST PEMBROKE PINES, FLORIDA 33029.

Frepared by: Gerardo Hevia 1405 SW 107th Ave # 301-A Miami, Fl 33174 (305) 220-6835 ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) or the incorporator(s) to this articles of incorporation is(are):

JESUS CARRENO 18801 NW 12TH ST PEMBROKE PINES, FLORIDA 33029.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 day of AUGUST ,1998.

Signature(s) of Incorporator(s)

ARTICLES OF INCORPORATION FILING FEE:

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized under the laws of the State or Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: BABY TOOTH DENTAL CORP.

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

JESUS CARRENO
(P.O.BOX NOT ACCEPTABLE)
18801 NW 12TH ST
(CITY/STATE/ZIP CODE)
PEMBROKE PINES, FLORIDA 33029

98 AUG 18 PM 3. 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

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