

Charter Number Only

*12/02/98*  
**400002701204--2**  
**12/03/98--01010--008**  
**\*\*\*\*122.50 \*\*\*\*\*78.75**

Max Adams  
 Requestor's Name  
4349 N.W. 36 St  
 Address  
Miami FL 33166 9060C  
 City State ZIP Phone

ATION ONLY

CORPORATION(S) NAME

DENTAL SPECIALIST, INC.

**FILED**  
 98 DEC -3 AM 10:39  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
		<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

*12/3*

**CERTIFIED COPY**

**THE LAW OFFICES OF  
MAX ALEXANDER ADAMS  
ATTORNEY AT LAW  
1511 EAST 11TH AVENUE  
HIALEAH, FLORIDA  
33010**

**PHONE (305) 888-6300**

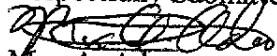
**FAX (305)888-1178**

December 1, 1998

To: THE DIVISION OF CORPORATIONS  
RE: INCORPORATION

This letter is to inform you that Dental Specialist, Inc. is applying to be a Florida Sub-Chapter S Corporation. Enclosed is the originals and two copies and a check for \$122.50 for the filing fees.

Respectfully Submitted,



Max A. Adams

Attorney At law

RECEIVED  
98 DEC -3 AM 9:02  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

ARTICLES OF INCORPORATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: *Dental Specialist, Inc.*

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

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

*781 NW 101 Terrace  
Plantation FL 33324*

ARTICLE IV

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate name;

To sue and be sued, complain, and defend in its corporate name in all actions or proceedings;

To transact any and all lawful business which the board of directors shall find will be in aid of governmental policy;

To pay pensions and establish pension plans, profit sharing plans, stock bonus plans, stock option plans, and other incentive plans for any or all of its directors, officers, and employees and for any or all of the directors, officers, and employees of its subsidiaries;

To be a promoter, incorporator, partner, member, associate, or manager of any corporation, partnership, joint venture, trust, or other enterprise;

To have and exercise all powers necessary or convenient to effect its purposes;

To indemnify any person who by reason of the fact that he is or was a director, officer, employee or agent of the corporation to the full extent as permitted by Florida Statue §607.014;

#### ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is the total sum of 100 shares, having par value of \$1

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Shares of Stock in this Corporation shall not be transferred or sold until the sale or transfer has been reported to and approved by the board of directors.

#### ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Robert Shectman  
781 NW 101 Terrace  
Plantation, FL 33324

#### ARTICLE VII

The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who is to serve as an initial director(s) :

Sylvia Shectman  
781 NW 101 Terrace  
Plantation FL 33324

#### ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation shall be:

Sylvia Shectman  
781 NW 101 Terrace  
Plantation FL 33324

The undersigned has executed these Articles of Incorporation this 30 day of November, 1998.

Sylvia Shectman  
Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 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.

First that Dental Specialist, Inc.  
(Name of Corporation)

desiring to organize under the laws of the State of FL with its principal office, as indicated in the articles of incorporation has named Robert Shectman located at 781 NW 101 Terrace City of Pembroke County of Broward 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

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