P98000103713

TRANSMITTAL LETTER

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

000002710450--4
-12/11/98--01044--004
*****78.75 *****78.75

SUBJECT: PRECISION ORTHODONTICS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: PRECISION ORTHODONTICS
Name (Printed or typed)

62 INDIAN TRACE, #236
Address

WESTON, FL 33326
City, State & Zip

954-389-5063
Daytime Telephone number

FILED
98 DEC 10 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

DEC 9 1998

ARTICLES OF INCORPORATION
In compliance with Chapter 607, F.S., Florida Profit

ARTICLE I NAME
The name of the corporation shall be:
PRECISION ORTHODONTICS, INC

ARTICLE II PRINCIPLE OFFICE
The principle place of business/mailing address is:
1600 TOWN CENTER BLVD. / 62 Indian Trace
WESTON, FL 33326 / #236
Weston, FL 33326

ARTICLE III SHARES
The number of shares of stock is:
100

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)
The name(s) and address(es):

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TALLAHASSEE FLORIDA

ARTICLE V REGISTERED AGENT
The name and Florida street address of the registered agent is:
Leslie Meier
2151 Madeira Drive
Weston, FL 33327

ARTICLE VI INCORPORATOR
The name and address of the Incorporator is:
Leslie R. Meier
2151 Madeira DR
Weston, FL 33327

****

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Leslie R. Meier — 12-7-98
Signature/Registered Agent — Date

Leslie R. Meier — 12-7-98
Signature/Incorporator — Date