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LATARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002762023--3

-02/02/99-01066--007

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DENTAL PLUS DISTRIBUTORS, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 FEB -2 AM 11:31
DIVISION OF CORPORATION

FILED

99 FEB -2 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION
OF
DENTALPLUS DISTRIBUTORS, INC.

FILED
99 FEB -2 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

DENTALPLUS DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

780 N.LEJEUNE RD. SUITE 2 MIAMI FL 33160

ARTICLE III CAPITAL STOCK
The number of shares of stock that this corporation is authorized to have outstanding at any time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

JESUS RANGEL CASTILLO
780 N. LEJEUNE RD SUITE 2 MIAMI FLOORIDA 33126

ARTICLE V INCORPORATOR(S)
The name (s) and street address (es) of the incorporator (s) to this Articles is (are):

JESUS RANGEL CASTILLO 780 N. LEJEUNE RD. SUITE 2 MIAMI FL 33126

The undersigned incorporator (s) has (have) executed these Articles of Incorporation
this day of , 19 .

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/agent, in the State of Florida.

The name of the corporation is:
DENTALPLUS DISTRIBUTORS, INC

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

**JESUS RANGEL CASTILLO
780 LEJEUNE RD SUITE 2 MIAMI FL 33126**

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in his 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, 

Date,

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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