

OFFICE USE ONLY (Document #)

LA PARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002888213--9
-05/27/99--01045--002
*****78.75 *****78.75

OFFICE USE ONLY

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

1. MIAMI DENTAL HEALTH, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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

Examiner's Initials

FILED

99 MAY 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

=====

OF

MIAMI DENTAL HEALTH INC

The undersigned natural person competent to contract,
hereby form a Corporation under the Laws of the State
of Florida.

ARTICLE 1 CORPORATE NAME

The name of the corporation is: MIAMI DENTAL HEALTH INC
The principal address of the Corporation is: 4504 NW 2nd
Avenue, Miami Florida 33125.

ARTICLE 2 DURATION

This corporation shall exist perpetually unless dissolved
according to Florida Laws.

ARTICLE 3 PURPOSE

The corporation is organized for the purpose of engaging in
any activities or business permitted under the Laws of the
United States and the State of Florida.

ARTICLE 4 CAPITAL STOCK

The corporation is authorized to issue One hundred shares
(100) of One Dollar (\$1.00) par value Common Stock, which
shall be designated "Common Shares".

ARTICLE 5 INITIAL REGISTERED OFFICER
AND AGENT

The name and street address of the initial Registered
agent of this corporation is:

DANILO J CALLEJAS 5420 SW 96th Avenue Miami Fl 33165

ARTICLE 6 INITIAL BOARD OF DIRECTORS

The corporation shall have One director initially. The
number of directors may be either increased or diminished
from time to time by the By-Laws, but never shall be less
than (1) The name and address of the initial director
is:

DANILO J CALLEJAS 5420 SW 96th Avenue, Miami Fl 33165.

The name and address of the person signing these Articles
of Incorporation are:

DANILO J CALLEJAS 5420 SW 96th Avenue, Miami Fl 33165

IN WITNESS WHEREOF, the undersigned subscriber have executed
these Articles of Incorporation this May 24 1999.



Sworn to and subscribed before me this May 24, 1999



Notary Public

HECTOR R. VINAJERAS

Notary's Name, Personally Known
or Produced ID ☒

Type of ID Produced:

DL # C 472-424-41-300-0

OFFICIAL NOTARY SEAL HECTOR R VINAJERAS NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC536803 MY COMMISSION EXP. MAR. 24, 2000

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT.

CERTIFICATE OF REGISTERED AGENT OF;

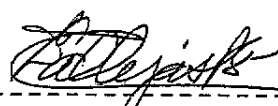
MIAMI DENTAL HEALTH INC

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Pursuant to Florida Statutes Sections 48.091 and 607.034 the following is submitted: The above corporation desiring to organize under the Laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at: 4504 NW 2ND AVENUE, MIAMI FL 33125. has named Danilo J Callejas located at the foresaid address.

ACKNOWLEDGEMENT.

Having been named to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

✓ 

Registered Agent.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA