

Division of Corporations

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Florida Department of State

Division of Corporations

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To: Division of Corporations Fax Number : (850)922-4001

From: Account Name : NUNEZ ACCOUNTING & TAX SERVICE, INC. Account Number : I19980000032 Phone : (305)222-1280 Fax Number : (305)222-1281

FILED 99 MAY 28 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Raul Lizaso, DDS, P.A.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$70.00).

12532

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Raul Lizaso, DDS, P.A.

ARTICLE II PRINCIPAL OFFICE

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

**6025 West 10th Street
Hialeah, FL 33012**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent is:

**Raul Lizaso
6025 West 10th Street
Hialeah, FL 33012**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

**Raul Lizaso
6025 West 10th Street
Hialeah, FL 33012**

Nunez Accounting & Tax Service
10868 NW Fountainebleau Blvd
Miami, FL 33172
Phone: (305) 222-1280

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TALLAHASSEE, FLORIDA

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ARTICLE VI PURPOSE

The purpose of this business is:

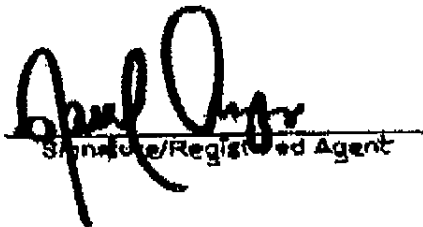
To provide Dental Service.


Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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


Date

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