

9900052168

OFFICE USE ONLY (Document #)

LAZARUS 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

300002899409--4  
-06/09/99--01056--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. SILAMEN DENTAL GROUP, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
99 JUN -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 JUN -9 AM 11:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Examiner's Initials

Articles of Incorporation

Of

SILAMEN DENTAL GROUP, INC.

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: SILAMEN DENTAL GROUP, INC.

Article II, Principal Office

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

4800 NW 7<sup>th</sup> Avenue  
Miami, FL 33127

Article III, Capital Stock

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

One hundred, (100) shares at \$1.00 par value each, having  
an aggregate value of \$100.00 (One hundred dollars and  
00/100)-----.

Article IV, Initial Registered Agent and Address

The name and address of the initial registered agent is:

Alexander Menendez  
6045 SW 87<sup>th</sup> Avenue  
Miami, FL 33173

FILED  
99 JUN -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Article V, Incorporator

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

Alexander Menendez  
6045 SW 87<sup>th</sup> Avenue  
Miami, FL 33173

Article VI, Officers and Directors

The name(s) and street address(es) of the Board of Directors and Officers of this corporation is (are):


Alexander Menendez  
6045 SW 87<sup>th</sup> Avenue  
Miami, FL 33173

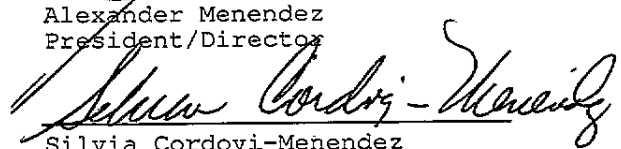
President/  
Director

Silvia Cordovi-Menendez  
6045 SW 87<sup>th</sup> Avenue  
Miami, FL 33173

Secretary/  
Treasurer/  
Director

The undersigned has (have) executed these Articles of Incorporation this 28th  
Day of May, 1999.

  
\_\_\_\_\_  
Alexander Menendez  
President/Director

  
\_\_\_\_\_  
Silvia Cordovi-Menendez  
Treasurer/Secretary/Director

Certificate of Designation  
Registered Agent/Registered Office

Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

The name of the corporation is: SILAMEN DENTAL GROUP, INC.

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

Alexander Menendez  
6045 SW 87<sup>th</sup> Avenue  
Miami, FL 33173

Signature

Title

Date

President

May 28, 1999

Having been named to accept service of process for the above stated corporation, and the place designated in this certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

Signature

Date

May 28, 1999

FILED  
99 JUN -9 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA