P99000070785

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 8/10/99 1:00

✓ **CERTIFIED COPY** _____ ✓ **CUS** gs

PHOTO COPY _____ ✓ **FILING** Articles

FILED
99 AUG 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.) Medical Dental Xtras Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

900002955569--6
-08/10/99--01034--019
*****87.50 *****87.50

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
99 AUG 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS _____

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

gf 8/10

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

ARTICLE I NAME
The name of the corporation shall be:

MEDICAL DENTAL ~~XTRAS~~ XTRAS INC.

ARTICLE II PRINCIPLE OFFICE
The principle place of business/mailing address is:

2962 S.W. Van Buren Terr. Port St Lucie, Fla 34953

ARTICLE III SHARES
The number of shares of stock is:

1,000

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:

Doris J Johnson
2962 SW Van Buren Terr
Port St. Lucie Fla 34953

ARTICLE VI INCORPORATOR
The name and address of the Incorporator is:

Doris J Johnson
2962 SW Van Buren Terr.
Port St Lucie, Fla. 34953

****

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

Doris J Johnson — 8-9-99
Signature/Registered Agent — **Date**

Doris J Johnson — 8-9-99
Signature/Incorporator — **Date**