

999000082557

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300002985193--5  
-09/13/99-01096-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Ricard Family Dentistry, Inc.  
(Proposed corporate name - must include suffix)

FILED  
99 SEP 13 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

       \$70.00  
Filing Fee

       \$78.75  
Filing Fee &  
Certificate

  X   \$78.75  
Filing Fee &  
Certified Copy

       \$131.25  
Filing Fee,  
Certified Copy &  
Certificate

FROM:

Arturo Ricard  
5606 SW Honey Terrace  
Palm City, FL 34990  
561-781-1885

NOTE: Please provide the original and one copy of the articles.

gtt  
9/20

## ARTICLES OF INCORPORATION

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:

Ricard Family Dentistry, Inc.

### ARTICLE II      PRINCIPAL OFFICE

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

5606 SW Honey Terrace  
Palm City, FL 34990

### ARTICLE III      SHARES

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

10,000

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Arturo Ricard  
5606 SW Honey Terrace  
Palm City, FL 34990

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TALLAHASSEE FLORIDA

FILED

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Arturo Ricard  
5606 SW Honey Terrace  
Palm City, FL 34990

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 28<sup>th</sup> day of August 1999.

X   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERD AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The Name of the corporation is:

Ricard Family Dentistry, Inc.

2. The Name and address of the registered agent and office is:

Arturo Ricard

5606 SW Honey Terrace

Palm City, FL 34990

Daytime Phone #: 561-781-1885

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*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.*

X   
(Signature)

9/2/99  
(Date)