

TRANSMITTAL LETTER

P990000094133

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

000003023870--3
-10/25/99--01097--018
*****78.75 *****78.75

SUBJECT: FLORIDA DENTAL SPECIALTY CENTER CORP.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GABRIEL SLAVESCU
Name (Printed or typed)

209 FT. LAUDERDALE BEACH BLVD. APT 17G
Address

FT. LAUDERDALE, FL, 33304
City, State & Zip

954-5240535
Daytime Telephone number

99 OCT 25 AM 11:12
TALLAHASSEE, FLORIDA

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

ajc
10/26

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:

FLORIDA DENTAL SPECIALTY CENTER CORP.

ARTICLE II PRINCIPAL OFFICE

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

209 FT. LAUDERDALE BEACH BLVD. APT. 17 G
FT. LAUDERDALE, FL, 33304

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GABRIEL SLAVESCU

209 FT. LAUDERDALE BEACH BLVD, APT. 17 G, FT. LAUDERDALE FL 33304

ARTICLE V INCORPORATOR

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

GABRIEL SLAVESCU

209 FT. LAUDERDALE BEACH BLVD, APT 17 G
FT. LAUDERDALE, FL 33304

Gabriel Slavesco

Signature/Incorporator

10-16-99

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

Gabriel Slavesco

Signature/Registered Agent

10-16-99

Date

FILED
99 OCT 25 AM 11:12
STATE
TALLAHASSEE, FLORIDA