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COVER LETTER

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

SUBJECT: D & I	E Dental Laboratory Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy
	to continue of Suna	di Cultura Cop.	& Certificate of
		ADDITIONAL CO	Status
		ADDITIONALCE	J. I. KEQUIKED
FROM: Da	avid Phen Name	(Printed or typed)	
	1650 NW 143 WAY		
		Address	<u></u>
	PEMBROKE PINES, FL, 33	3028	
•	City,	State & Zip	
	954-907-5761		
,	Daytime Te	elephone number	

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

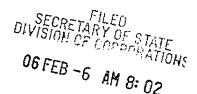
ARTICLES OF U	NCORPOR A	LTION
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

D & E Dental Laboratory Inc.



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1650 NW 143 WAY, PEMBROKE PINES, FL, 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Laboratory

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David Phen, 1650 NW 143 WAY, PEMBROKE PINES, FL, 33028 Co-president Edgar Z. Martinez, 8805 CLEARY BLVD, PLANTATION, FL, 33324 Co-president

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

1650 NW 143 WAY, PEMBROKE PINES, FL, 33028

David Phen

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Phen, 1650 NW 143 WAY, PEMBROKE PINES, FL, 33028