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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Prosthodont Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jessica Lizana
Name (Printed or typed)

9202 NW 81th Place
Address

Tamarac, Florida 33321
City, State & Zip

954-720-1858
Daytime Telephone number

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

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

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ARTICLE I NAME

The name of the corporation shall be: **PROSTHODENT INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9202 NW 81 Place, Tamarac, Florida 33321.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000. The par value of each share of stock is \$1.00.

ARTICLE V OFFICERS/DIRECTORS

The initial directors of the corporation are:
Jessica Lizana, 9202 NW 81 Place , Tamarac, Florida 33321


ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: Jessica Lizana, 9202 NW 81 Place, Tamarac, Florida 33321. Located in the County of Broward.

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation: Jessica Lizana
9202 NW 81 Place, Tamarac, Florida 33321.

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature: 
Jessica Lizana
Incorporator

Date 02/07/06

Signature: _____

Date _____

The document was prepared by: PROSTHODENT INC, 9202 NW 81 PLACE , TAMARAC, Florida 33321. 954-720-1858