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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

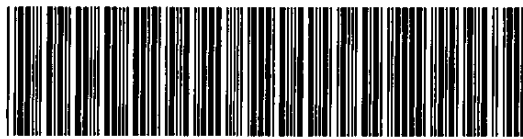
(Business Entity Name)

(Document Number)

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2006 DEC 11 P 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-11-06
ME

COVER LETTER

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

SUBJECT: ACCIDENT DENTAL LABORATORIES, 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: ACCIDENT DENTAL LABORATORIES, INC.
CARLOS & ERSIBA RIVAS
Name (Printed or typed)

198 N.W. 46TH AVE #26
Address

MIAMI, FL 33126
City, State & Zip

(305) 326-9485
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ACCIDENT DENTAL LABORATORIES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

198 N.W. 46th AVE #26
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURE DENTAL PROSTHETICS
FOR LIC DENTISTS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS RIVAS. PRESIDENT
EKSIBA RIVAS. V. PRESIDENT
198 N.W. 46 AVE #26
MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

CARLOS RIVAS
198 N.W. 46 AVE #26
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS RIVAS & EKSIBA RIVAS
198 N.W. 46 AVE #26
MIAMI, FL 33126

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Carlos Rivas CARLOS RIVAS
Signature/Registered Agent

12-8-06
Date

Carlos Rivas, EKSIBA RIVAS
Signature/Incorporator

12-8-06
Date