

P 06000152062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

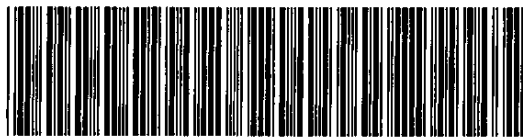
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400082375684

12/11/06--01051--008 \*\*78.75

FILED  
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.

FILED

2006 DEC 11 P 4:16

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, FLA 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 CARLOS RIVAS, EKSIBA RIVAS  
Signature/Incorporator

12-8-06  
Date