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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2009 JUL 16 PM 2:28

*JT 7/17/09*

**COVER LETTER**

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

**SUBJECT:** Acrylic Arts Dental Laboratory, 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:** Acrylic Arts Dental Laboratory, Inc.  
Name (Printed or typed)

10750 NE 126th Street  
Address

Archer, Florida 32618  
City, State & Zip

352-486-2522  
Daytime Telephone number

Acrylic.Arts@ATT.NET  
E-mail address: (to be used for future annual report notification)

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**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)

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**ARTICLE I NAME**

The name of the corporation shall be: Acrylic Arts Dental Laboratory, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

10750 NE 126 St.  
Archer, Fla. 32618

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Prothodontic dental laboratory  
Prosthodontic (Removable)

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ralph H. Prendes, President  
10750 NE 126 St, Archer, Fla. 32618

**ARTICLE VI REGISTERED AGENT**

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

Ralph H. Prendes  
10750 NE 126 St  
Archer, Fla. 32618

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ralph H. Prendes  
10750 NE 126 St  
Archer, Fla. 32618

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/14/2009  
\_\_\_\_\_  
Date