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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
00 JAN 11 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

DENTEST, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
OF

DENTEST, INC.

ARTICLE I NAME

The name of the corporation shall be:

DENTEST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of
this corporation shall be:

2925 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is
authorized to have outstanding at any one time is:

1000 (ONE THOUSAND)

PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2506 DELAWARE AVE
FORT PIERCE FLORIDA 34947

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GAIL NAIMO

2925 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

GAIL NAIMO

2925 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

**The undersigned has executed these Articles of
Incorporation this 7TH day of JANUARY 2000.**

Gail Naimo
GAIL NAIMO, Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

DENTEST, INC.

2. The name and address of the registered agent and office is:

GAIL NAIMO

2925 S. INDIAN RIVER DRIVE

FORT PIERCE, FL 34982

Signature: Gail Naimo

Title: PRESIDENT

Date: 1/10/2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Gail Naimo

Date: 1/10/2000

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