Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 323		4	0000311 -01/26/00- *****78.75	-01024013
SUBJECT:	CLASSIC DEUTA (Proposed corpo	4C LAB, LWC. rate name - must include suffi	ALLA INSCRIPTION	00 JAN 26 AN 10: 38
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	7 8
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	CLASSIC DENT C/O THE MCGUA P.O. Box 507	AL LAB, INC inted or typed) ID GROUP, INC ddress	c.	· · . • •
	GEXTEVA, A.L.	36340-050 tate & Zip	7	
	334-684-63 Daytime Tel	ephone number		ي د د د د د د د د د د د د د د د د د د د

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

ARTICLES OF INCORPORATION

00 JAN 25 AH 10: 30

OF

CLASSIC DENTAL LAB, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be CLASSIC DENTAL LAB, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business of this corporation shall be RT 2 BOX 166 B, BONIFAY, FL. 32425 and the mailing address of this corporation is RT 2 BOX 166 B, BONIFAY, FL. 32425.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 2000.

ARTICLE IV - REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent is Patrick Reed, Rt 2, Box 166 B, Bonifay, Fl 32425.

ARTICLE V - INCORPORATORS

The name and street address of the incorporator of these Articles of Incorporation is Charles L. McQuaid, 711 E Water St., Geneva, Al. 36340 and his mailing address is P. O. Box 507, Geneva, Al. 36340-0507.

The undersigned incorporator has executed these Articles of Incorporation on January 1, 2000.

Charles L. McQuaid

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 and 607.0505, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

- 1. The name of the corporation is Classic Dental Lab, Inc.
- 2. The name and address of the registered agent and office is Patrick Reed, Rt 2, Box 166 B, Bonifay, Fl. 32425.

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.

Patrick Reed January 1, 2000

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