

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6377
Tallahassee, FL 32317

0000026859

SUBJECT: SUNCOAST DENTAL LAB, INC.
(Proposed corporate name - must include suffix)

900003163419--0
-03/09/00--01040--015
*****87.50 *****87.50

Enclosed is 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: SUNCOAST DENTAL LAB, INC.
Name (Printed or typed)

235 NORTH CAUSEWAY
Address

NEW SMYRNA BEACH, FL 32169
City, State & Zip

(904) 423-2241
Daytime Telephone number

00 MAR -9 PM 1:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

ARTICLES OF INCORPORATION

OF

SUNCOAST DENTAL LAB, INC.

The Undersigned acting as the incorporator of a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation for such corporation.

ARTICLE I — CORPORATE NAME

The name of the corporation is:

SUNCOAST DENTAL LAB, INC.

ARTICLE II — PRINCIPAL OFFICE

THE STREET ADDRESS AND MAILING ADDRESS OF THE INITIAL PRINCIPAL OFFICE

SUNCOAST DENTAL LAB, INC.
235 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

ARTICLE III — SHARES

This corporation is authorized to issued 1,000 shares of common stock, par value \$1.00 per share.

ARTICLE IV — INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

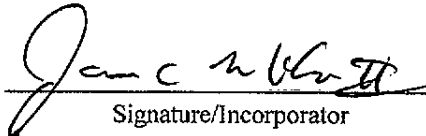
James C. McKenzie
235 North Causeway
New Smyrna Beach, FL 32169


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TALLAHASSEE FLORIDA

ARTICLE V – INCORPORATOR

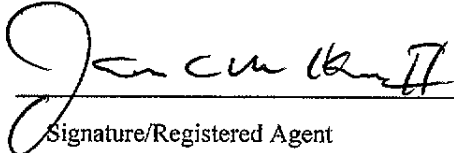
The name and address of the incorporator signing these Articles of Incorporation are as follows:


James C. McKenzie
235 North Causeway
New Smyrna Beach, FL 32169


Signature/Incorporator


Date

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/Registered Agent


Date

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

SUNCOAST DENTAL LAB, INC.

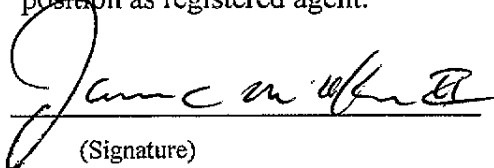
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at:

235 North Causeway
New Smyrna Beach, FL 32169

Has named James C. McKenzie, located at the same address, as its registered agent to accept service of process within this state.

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)

3-6-00
(Date)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA