

P000000045471

TRANSMITTAL LETTER

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

FILED
00 MAY -4 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Gary Montana Dental Lab, Inc.

I enclose an original and 1 copy(ies) of the Articles of
Incorporation for the above corporation and a check in the amount
of \$ 78.75.

SIGNED: Gary Montana

From:

000003239460--3
-05/04/00--01056--005
*****78.75 *****78.75

Name: Gary Montana

Address: 1676 Park Street

City: Juno Beach State: FL Zip: 33408

561-627-5174 561-624-2513
Telephone Number

T. Burch MAY 8 2000

ARTICLES OF INCORPORATION

OF

Gary Montana Dental Lab, Inc.

ARTICLE I NAME

The name of the corporation shall be:

Gary Montana Dental Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1676 Park St.,

Juno Beach, FL 33408

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gary Montana

1676 Park Street

Juno Beach, FL 33408

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ARTICLE V INCORPORATOR

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

Gary Montana

1676 Park Street

Juno Beach, FL 33408

The undersigned has executed these Articles of Incorporation this 29 day of MARCH 2000

Gary Montana, 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:

Gary Montana Dental Lab, Inc.

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

Gary Montana

1676 Park Street

Juno Beach, FL 33408

Signature: *Gary Montana*

Title: President

Date: _____

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TALLAHASSEE, FLORIDA

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: *Gary Montana*

Date: _____