

# PO0000091860

TRANSMITTAL LETTER

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

100003404911--3  
-09/26/00--01082--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MITCHELL CROWN + BRIDGE STUDIO INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: KAREN A. MITCHELL  
Name (Printed or typed)

5600 14th AVENUE SW  
Address

NAPLES, FL, 34116  
City, State & Zip

941-216-5578  
Daytime Telephone number

00 SEP 26 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

gk9/28

## Articles of Incorporation

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### Article I Name

The name of the corporation shall be :  
**Mitchell Crown & Bridge Studio Inc.**

### Article II Principal Office

The principal place of business/ mailing address is:  
**5600 14<sup>th</sup> Avenue SW**  
**Naples, FL, 34116**

### Article III Purpose

The purpose for which the corporation is organized is: To provide dental prosthetic devices to dentists and dental clinics. The corporation is further authorized to pursue other legal business interests as the stockholders deem appropriate.

### Article IV Shares

The number of shares of stock is: 2000 shares with the number of shares divided as follows. 1000 shares preferred and 1000 shares common.

### Article V Initial Officers

The name and address of the Initial officer is:  
**Karen A. Mitchell - President**  
**5600 14<sup>th</sup> Avenue SW**  
**Naples FL, 34116**

### Article VI Registered Agent

The name and address of the registered agent is:  
**Karen A. Mitchell**  
**5600 14<sup>th</sup> Avenue SW**  
**Naples FL, 34116**

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**Article VII Incorporator**

The name and address of the Incorporator is:

**Karen A. Mitchell**  
**5600 14<sup>th</sup> Avenue SW**  
**Naples FL, 34116**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**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.**

*Karen A. Mitchell*  
Signature/Registered Agent

9-5-00  
Date

*Karen A. Mitchell*  
Signature/Incorporator

9-5-00  
Date