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Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

## FLORIDA PROFIT CORPORATION OR P.A.

### ORALAX CORP.

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#### ARTICLES OF INCORPORATION

OF.

#### ORALAX CORP.

These Articles are in compliance with Chapter 607, F.S.

#### Article I

The name of this corporation shall be:

#### ORALAX CORP.

#### Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### Article III

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

#### P.O. BOX 6276 DELRAY BEACH, FL 33445

#### Article IV

The general nature of business of this corporation is to transact any and all lawful business.

#### Article V

The number of share which this corporation shall have authority to issue is 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock ofthis corporation.

#### Article VI

The name and street address of the initial Registered Agent of this corporation shall be:

R.A. ORNITZ

4503 LIVE OAK BLVD.

DELRAY BEACH, FL 33445

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The initial board of Directors shall consist of a total of 1 person(s) and the name and address of the person(s) who are to serve as an initial director(s):

> ROBERT A. ORNITZ 4503 LIVE OAK BLVD. DELRAY BEACH, FL 33445

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

> R.A. ORNITZ "4503 LIVE OAK BLVD. DELRAY BEACH, FL 33445

The undersigned has executed these Articles of Incorporation this 19th day of October, 2000.

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... Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation. 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.

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