

PO1000003768

TRANSMITTAL LETTER

FILED
01 JAN -3 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: JIREH DENTAL LAB. 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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Manuel Camacho
Name (printed or typed)

300003522293--1
-01/04/01--01004--002
*****78.75 *****78.75

7210 Red Road, Suite #219
Address

S. Miami, FL 33143
City, State & Zip

305-447-1442 - BP. 8333534
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

JIREH DENTAL LAB. INC.

ARTICLE II, PRINCIPAL OFFICE

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

7210 Red Road
Suite 219
South Miami, FL 33143

ARTICLE III, SHARES

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

1,000 shares of \$.25 par value common stock which shall be designated as "Common Stock".

ARTICLE IV, INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Manuel Camacho
7210 Red Road, Suite 219
South Miami, FL 33143

ARTICLE V, INCORPORATOR

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

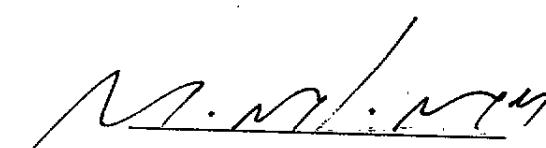
Manuel Camacho
7210 Red Road, Suite 219
South Miami, FL 33143

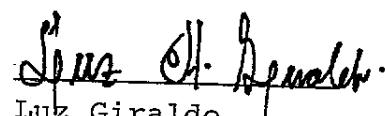
President

Luz Giraldo
7210 Red Road, Suite 219
South Miami, FL 33143

Secretary/Treasurer

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____, 2000.


Manuel Camacho


Luz Giraldo

FILED
01 JAN 3 AM 8:56
ALLIANCE, FLORIDA
FLORIDA
STATE
FLORIDA
COUNTY OF
BROWARD
JIREH DENTAL LAB. INC.

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SECRETARIAL OF STATE
TALLAHASSEE, FLORIDA*

**CERTIFICATE OF DESIGNATION OF
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/AGENT, IN THE STATE OF FLORIDA.

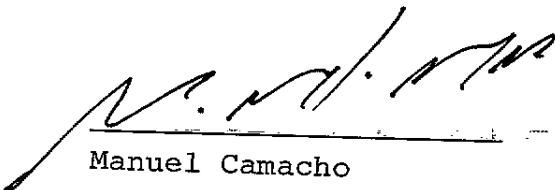
1. The name of the corporation is:

JIREH DENTAL LAB. INC.

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

**MANUEL CAMACHO
7210 Red Road, Suite #219
South Miami, FL 33143**

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.



Manuel Camacho

Date

12-27-00