# TRANSMITTAL LETTER

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

1 00003553481--6 -01/18/01--01042--003 \*\*\*\*\*70,00 \*\*\*\*\*70.00

SUBJECT:	Concord 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 of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
		ADDITIONAL CO	~

FROM:	Ward C. Whitaker, DMD	<b>-</b>	_	
1 KOWI	Name (Printed or typed)	MESSEC	01	
	5200 North Armenia Avenue	RETAR	JAN	三
-	Address		$\infty$	m
	Tampa, Florida 33603	F STATE,	AM IQ:	Ö
•	City, State & Zip	>™	†5	
_	813-354-9424		=	
·	Daytime Telephone number			

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

John

## ARTICLES OF INCORPORATION

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

### ARTICLE I

The name of the corporation shall be:

Concord Dental Lab, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5202 North Armenia Avenue: Tampa, Florida 33603

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Dental Lab

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ward C. Whitaker, DMD 9108 Shadow Pond Court Odessa, Florida

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ward C. Whitaker, DMD 9108 Shadow Pond Court 33556 Odessa, Florida

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Ward C. Whitaker, DMD 9108 Shadow Pond Court Odessa, Florida 33556

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

Signature/Incorporator