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



Denture Depot

| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: | | | |
|---|---------|----------------|---------|
| □ \$70.00 | \$78.75 | \$78.75 | \$87.50 |

Filing Fee Filing Fee

Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

4944 N. University DRIVE

954-748-6636

Daytime Telephone number

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

ARTICLES OF INCORPORATION

Signature/Registered Agent

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

| The name of the corporation shall be: Denture Depor Laboratories. Inc |
|--|
| The name of the corporation shall be: |
| Denture Depor LABORATORIES. Inc |
| |
| ARTICLE II PRINCIPAL CONTROL |
| The principal place of business and mailing address of this company in the state of |
| - Trimberty bero FW |
| ARTICLE III SHARES |
| The number of shares of stock that this corporation is contained. |
| The number of shares of stock that this corporation is authorized to have outstanding at any one time is: |
| |
| ARTICLE IV INITIAL PEGISTERED ASSESSMENT |
| The name and Florida street address of the initial registered agent are: |
| Chao Spit2 |
| 6047 Kimberly Blup HW |
| F + 104,00000 - 0204 |
| The POWER INCORPORATOR |
| The name and address of the incorporator to these Articles of Incorporation are: FL TAX MAN. !NC. |
| |
| Jeffrey A. Schneider, MST 4944 N. University Dr. |
| Lauderhill, FL 33361-6748 |
| (Da) has all |
| Solvine Co. |
| Signature/Incorporator — 12/19/20 |
| Date |
| |
| |
| (An additional article must be added if an effective date is requested.) |
| |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this capacity. I further agree to comply with the obligations of my position as registered agent. |
| and junitiar with and accept the |