

TRANSMITTAL LETTER

PO100000 10058

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

100003574771--5  
-01/25/01--01070--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: BONITA 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  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: A BETTER BUSINESS & TAX SERVICE  
Name (Printed or typed)

600 Goodlette Road North, Ste. 104  
Address

Naples, FL 34102  
City, State & Zip

941-263-0829  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 25 PM 1:52

FILED

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

Feb 1/24  
(5)

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01 JAN 25 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
Of**

**BONITA DENTAL LAB, INC.**

The undersigned, for the purposes of forming a Corporation under Section 607.164 of the Florida General Corporation Act, do hereby certify as follows:

**Article I**

**Corporate Name and Address**

The name of the Corporation is **BONITA DENTAL LAB, INC.**, and the street address of the Corporation is:

**10915 BONITA BEACH ROAD, STE. 1152  
BONITA SPRINGS, FLORIDA 34135**

**Article II**

**Corporate Purposes**

The Corporation is organized to function as **DENTAL LAB** and any related business services and to otherwise engage in any activity or business permitted under the laws of the United States of America and in the state of Florida.

**Article III**

**Authorized Stock**

The aggregate number of shares of the Corporation shall be 50,000, of which 1,000 are to be issued as voting common stock with a par value of \$1.00.

**Article IV**

**Registered Office and Registered Agent**

The street address of the initial registered office of the Corporation in the state of Florida shall be:

**10915 BONITA BEACH ROAD, STE. 1152  
BONITA SPRINGS, FLORIDA 34135**

The name of the initial registered agent of the Corporation at the registered office shall be: **DAVID CHYNOWETH.**

**Article V**  
**Initial Board of Directors**

The initial Board of Directors of the Corporation shall be comprised of **TWO (2)** person(s). The name and address of the initial Director(s) is as follows:

<u>NAME</u>	<u>ADDRESS</u>
<b>DAVID CHYNOWETH</b>	<b>4570 26<sup>TH</sup> AVE. SW NAPLES, FLORIDA 34116</b>
<b>JULIE DRISCOLL</b>	<b>P.O. BOX 3190 (5228 MAMIE ST.) BONITA SPRINGS, FLORIDA 34133</b>

**Article VI**  
**Incorporator**

The name and address of the Incorporator of the Corporation is:

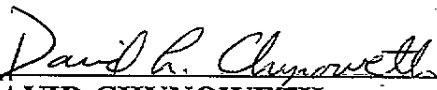
**DAVID CHYNOWETH  
4570 26<sup>TH</sup> AVE. SW  
NAPLES, FLORIDA 34116**

**Article VII**  
**Commencement of Existence**

The Corporation shall be deemed to commence on the 1<sup>ST</sup> day of **FEBRUARY, 2001**.

**Article VIII**  
**Duration**

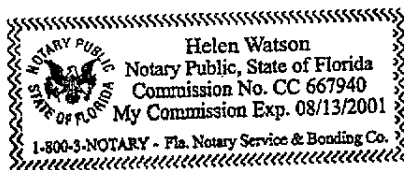
The term of existence of the Corporation is perpetual. IN WITNESS WHEREOF, the undersigned, as Incorporator has executed the foregoing Articles of Incorporation this 22<sup>ND</sup> day of JANUARY, 2001.


  
**DAVID CHYNOWETH**  
Incorporator

STATE OF FLORIDA

COLLIER COUNTY

Before me personally appeared **DAVID CHYNOWETH** to me personally known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation and acknowledged before me that he subscribed to these Articles of Incorporation this 22<sup>ND</sup> day of JANUARY, 2001.



  
Notary Public, Helen Watson  
My Commission Expires: 08-13-2001

**ACCEPTANCE OF REGISTERED AGENT  
FOR**

**BONITA DENTAL LAB, INC.**

I, **DAVID CHYNOWETH**, having signed the within as registered agent of **BONITA DENTAL LAB, INC.**, (the Corporation) at the registered address of **10915 BONITA BEACH ROAD, STE. 1152, BONITA SPRINGS, FLORIDA 34135**, do hereby agree as the registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, **DAVID CHYNOWETH**, and that of any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.

*David L. Chynoweth*

**DAVID CHYNOWETH**

Registered Agent

**FILED**  
**01 JAN 25 PM 1:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**