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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)922-4001

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

01 MAR -2 PM 1:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

DM DENTAL LAB OF SOUTH FLORIDA INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
OF

DM DENTAL LAB OF SOUTH FLORIDA INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR - 2 PM 1:20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DM DENTAL LAB OF SOUTH FLORIDA INC.

The principal place of business of this corporation shall be:
12225 SW 129th Court, Miami FL 33186

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ \$1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DAVID MAYURI, PRESIDENT
9962 S.W 153rd Street
Miami FL 33157

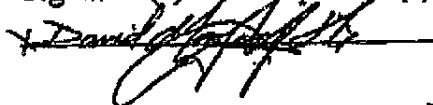
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

DAVID MAYURI
9962 S.W 153rd Street
Miami FL 33157

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28, day of February, 2001

Signature(s) of Incorporator(s)



**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: DM DENTAL LAB OF SOUTH FLORIDA INC.

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

DAVID MAYURI

9962 S.W 153rd Street

(P.O. BOX NOT ACCEPTABLE)

Miami FL 33157

(CITY/STATE/ZIP)

SIGNATURE *David Mayuri*

(Corporate Officer)

TITLE President

DATE February 28, 2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *David Mayuri*

(Registered Agent)

01 MAR -2 PM 1:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS