TRANSMITTAL LETTER 55 CARRESTANCE STATES

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

SUBJECT:	PROPOSED CORPORAT		/ <u>C</u> UDE SUFFIX) 200003783 02/28/01 *****78.75	
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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: LOYD GRIMES Name (Printed or typed)				
	7595 NW	74 th AVE		
	TAMARAC	F/ 3332/	·	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
DENTAL CERAMICS LAB, INC.) S
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6289 W. SUNRISE BIVD #123	
SUNRISE F/ 33313 ARTICLE III PURPOSE The purpose for which the corporation is organized is: $ A = A + A + A + A + A + A + A + A + A + $	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
LloyD GRIMES + SHARON GRIMES 1595 NW 74 AVE TAMARAC FI 33321	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
LOYD GRIMES 1595 NW 74 AVE TAMARAC FI 33321 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Lloyo GRIMES 7595 NW THE AVE	
TAMARAC FI 33321 **********************************	
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	t
Signature/Registered-Agent Date	

Signature/Incorporator