POLOOOSSOL Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Nise Dental Lab, P.A. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) SUBJECT: 6000 03/26/01--01034--015 ******78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$70.00 **S78.75** \$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** FROM: Juan Carlos Rosell 215 S.W. 17th Ave. Suife#17B Address 01 MAR 26 AM 9: 0 Miami, Fl. 33135 City, State & Zip 305-631-1226 Daytime Telephone number Joan Rusel GAVE AUTHORIZATION BY PHONE TO CORRECT_Shares DATE_4-6-01 DOC EXAM_6-1 W 01-7258 De 3/30 DOC. EXAM NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be:

Nise Dental Lab, P.A.

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

215 5.W. 17 Aue. suite #178 Miami, Fl. 33135 PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

ARTICLE IV SHARES The number of shares of stock is:

one ARTICLE V INITIAL OFFICERS /DIRECTORS (optional) The name(s) and address(es):

> Juan C. Rosell 2476 5.W. 3rd 5t. M:am:, Fl. 33135

REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is:

ARTICLE VII INCORPORATOR Miami, FL. 33135
2476 S.W. 3rd sta
Miami, FL, 33135 28 2
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
John C. Rosell SA R
2476 Sw. 3rdst.
Miamilf, 33/35
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
Jun 3/23/6/
Signature/Registered Agen Date
Signature/Registered Agent
Httan 3/23/01
Signature/Incorporator / Date

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Signature/Incorporator