

P01000054812
TRANSMITTAL LETTER

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

SUBJECT:

DENTS B'GONE, Inc.

(Proposed corporate name - must include suffix)

700004333737--0
-05/30/01--01029--001
*****70.00 *****70.00

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Juan C. Rodriguez
Name (Printed or typed)

604 Toluka Drive
Address

Eglin AFB, FL 32542
City, State & Zip

(850) 651-3377
Daytime Telephone number

FILED
01 MAY 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JUN 04 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: DENTS B'GONE, INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 614 Toluka Drive, Eglin AFB, FL. 32542

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 Shares of Common Stock, No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Juan C. Rodriguez 614 Toluka Drive, Eglin AFB, FL. 32542

ARTICLE V INCORPORATOR

The names and address of the incorporator to this Articles of Incorporation are:

Juan C. Rodriguez D/P 614 Toluka Drive, Eglin AFB, FL. 32542


Signature/Incorporator

MAY/25/2001
Date

Signature/Incorporator

Date

Signature/Incorporator

Date

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

MAY/25/2001
Date

01 MAY 29 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED