

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

SUBJECT: M	AR MINA DENTAL LAB, (Proposed corpor	rate name - must include suf	fix)	- '-
Enclosed is an origin	al and one(1) copy of the article			64965 -01098-012 5 *****78.75
\$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	
FROM:	NAMER G SOBKY Name (Printed or typed) 3614 CYPRESS MEADOWS RD. Address TAMPA, FL 23624 City, State & Zip		SECRETARY OF STATE TALLAHASSEE FLORIDA	01 JUL -2 PH 1:21
	Daytime T	elephone number		

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

ARTICLES OF INCORPORATION

The undersigned incorporator, 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:

MAR MINA DENTAL LAB, INC.

01 JUL -2 PH 1:21 SECRETARY OF STATE TAIL AHASSEF FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3614 CYPRESS MEADOWS RD. TAMPA, FL 33624

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NADER G SOBKY 3614 CYPRESS MEADOWS RD. TAMPA, FL 33624

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

NADER G SOBKY - President 3614 CYPRESS MEADOWS RD. TAMPA, FL 33624

Nowler Signature/Incorporator

May 7-200 | Date

(An additional article must be added if an effective date is requested.)

Effective Date - June 28, 2001

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 statutes 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

Date