POIOOOT3494

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

500004492665--2 -07/24/01--01012--015 ****122.50 *****78.75

SUBJECT:	OLANT DES.CM (Proposed	corporate name - must include		*******78.75
Enclosed is an original ar \$70.00 Filing Fee	ad one(1) copy of the artic \$78.75 Filing Fee & Certificate	les of incorporation and a \$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		

FROM: Implant Désien Studio In ASSECRETARY OF THE AND Address

Name (Printed or typed)

2/- Débora 7. Hand

Address

Address

City, State & Zip

ADDE DE STATE DE STA

Daytime Telephone number

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

9/25

ARTICLES OF INCORPORATION

The undersigned incorporator	, for the purpo	se of forming a co	rporation under	the Florida
Business Corporation Act, he.	reby adopts the	following Articles	s of Incorporatio	n.

ARTICLE I NAME

The name of the corporation shall be:

Implant Design Studio Inc

ARTICLE II PRINCIPAL OFFICE

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

308 ALLINGTON LOND West form Beach to 23

ARTICLE III SHARES

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

/00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DEBORD MY HAHA 30 & ARLINGTON KODD WEST POLM BENCH RE 3340

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

DEBORA My HAHN
338 ARKINGTON ROSS
Went form Bene For 33405

Nebora M. Hahn
Signature/Incorporator

Date

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

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

Debota M. Hahn Signature/Registered Agent 1/2-/0,

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