

TRANSMITTAL LETTER

**P01000109334**

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

300004677573--7  
-11/13/01--01102--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Joe Rivera Kissimme Crown & Bridge Studio, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: NIKHMAN & NIKHMAN Business & Tax Services, Inc  
Name (Printed or typed)

2008 AVENUE Y  
Address

BROOKLYN, NY 11235  
City, State & Zip

(718) 743-3047  
Daytime Telephone number  
Phone/Fax

01 NOV 13 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

T. Burch NOV 14 2001

# 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:

Joe Rivera Kissimmee Crown & Bridge Studio, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

231 Ruby Avenue  
Kissimmee, Florida 34741

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Technician

## ARTICLE IV SHARES

The number of shares of stock is:

200 NPV

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jose A. Rivera - President  
4090 Oak Point Blvd  
Kissimmee, FL 34746

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jose A. Rivera  
4090 Oak Point Blvd  
Kissimmee, FL 34746

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nikhman & Nikhman Business & Tax Services, Inc  
2008 Ave Y, Brooklyn, NY 11235

\*\*\*\*\*  
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

Jose Rivera

Signature/Registered Agent

10/25/01

Date

Milena Nikhman

Signature/Incorporator

10/25/01

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 13 PM 1:13

FILED