POLCOOII 909

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

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SUBJECT:	FIRST IMPRESSION DEN		~ .		
	(Proposed corpo	rate name - must include si	uffix)	<u>— :</u>	
Enclosed is an original	inal and one(1) copy of the article	s of incorporation and a	check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED		
FROM:	TONY J AWAD			_	
		Name (Printed or typed)			
	9269 SABAL PALM CIRCLE Address Address				
	A	Address			
	WINDERMERE FL 34786		9		
	City, S	City, State & Zip			
	407-841-1954	-	TATE ORIDA	?: 0	

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

Daytime Telephone number

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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:

FIRST IMPRESSION DENTAL LAB, INC.

ARTICLE II PRINCIPAL OFFICE

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

2011 S ORANGE AVE ORLANDO FL 32806

MAILING ADDRESS:

9269 SABAL PALM CIRCLE WINDEREMERE FL 34786

ARTICLE III SHARES

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

10,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TONY J AWAD 9269 SABAL PALM CIRCLE WINDERMERE FL 34786

INCORPORATOR

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

TONY J AWAD 9269 SABAL PALM CIRCLE WINDERMERE FL 34786

ature/Incorporator

/1-15-01

(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

Signature/K gistered Agent