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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

ALPHA DENTAL LAB, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 22 AM 11:50

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ARTICLES OF INCORPORATION
OF

ALPHA DENTAL LAB, Inc.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of this corporation shall be: *ALPHA DENTAL LAB, Inc.*

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is: *18800 NW 2ND AVE.
MIAMI, FL 33169 suite 113*

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ 1.00

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

BARBARO R. ALVAREZ
3900 SW 53 AVE.
DAVIE FL. 33314

ARTICLE VII

The name and address of the initial board of director(s) shall be:

EMERIDA ALVAREZ
3900 SW 53 AVE.
DAVIE, FL 33314

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

BARBARO R. ALVAREZ
3900 SW 53 AVE
DAVIE FL. 33314

The undersigned has executed these Articles of Incorporation this 22
day of Feb., 2002.


INCORPORATOR

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

ALPHA DENTAL Lab, Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

Barbara R. [Signature]
REGISTERED AGENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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