## March 135/

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

500005809725----06/18/02--01030--018 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: N	PROPOSED CORPORAT		tine crieery	
	(PROPOSED CORPORA)	E NAME - MOST INCL	UDE SUFFIX)	=
Enclosed is an original	al and one(1) copy of the article	s 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 CO		
FROM:	MRIKE PRE	CAJ inted or typed)	· · · · · · · · · · · · · · · · · · ·	· -
	3640 DEVONSHI	RE ST ddress	SEC	2
	STERLING HES		SSE	
	(586) 93 9 Daytime Te	SS698 lephone number	en 4: 02 OF STATE E FLORIDA	

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

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:  MARIA'S DENTAL LAB, INC	SECRETARY OF	 :
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:    530 SOUTH FORT HARRISON AVE  CLEARWATER, FL 33756	PM 4: 02 PM 4: 02 SEE FLORIDA	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  This bussines will be working on dental  Dentures, Partiols, repairs, etc.	field, such os,	mokiny
ARTICLE IV SHARES  The number of shares of stock is:		<u></u> :
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): MRIKE PRECAT		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  1530 SOUTH FORT HARRISON AVE	ike Precas	
CLEARWATER, FL 33756  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  1530 SOUTH FORT HARRISON AVE	j	
CLEARWATER, FL 33756		∓4 · · · · · · · · · · · · · · · · · · ·
**************************************	ed corporation at the place designated	
Myike Precod Signature/Registered Agent	6.14.02 Date	n san in sala
Muike Precal Signature/Incorporator	6-14-02 Date	
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