

P02000124420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

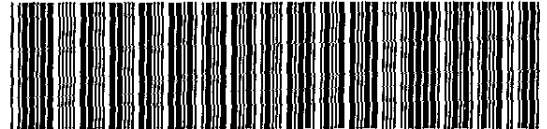
(Business Entity Name)

(Document Number)

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02 NOV 21 AM 8:56
STATE
TALLAHASSEE, FLORIDA

CB1121

TRANSMITTAL LETTER

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

SUBJECT: QUALITY DENT. LABORATORY
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Roberto Sobalvarro.
Name (Printed or typed)

1739 SW 1 ST
Address

MIAMI FL. 33135
City, State & Zip

(305) 649-8747
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 5, 2002

ROBERTO SOBALUARRO
1739 SW 1ST ST
MIAMI, FL 33135

SUBJECT: QUALITY DENT. LADORATORY
Ref. Number: W02000031786

We have received your document for QUALITY DENT. LADORATORY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

PLEASE COMPLETE ARTICLES VI AND VII. THE CORPORATION MUST HAVE A REGISTERED AGENT, WITH SIGNATURE.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 102A00060547

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:

QUALITY DENT. LABORATORY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1739 SW 1 ST
MIAMI FL. 33135.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL LABORATORY.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Roberto SOBALVARRO. OWNER.
1739 SW 1 ST
MIAMI. FL. 33135.

ARTICLE VI REGISTERED AGENT

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

Roberto SOBALVARRO.
1739 SW 1 ST
MIAMI. FL. 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Roberto SOBALVARRO.
1739 SW 1 ST
MIAMI. FL. 33135.

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

Roberto Sobalvarro
Signature/Registered Agent

11/19/02
Date

Roberto Sobalvarro
Signature/Incorporator

10-28-02
Date

FILED
02 NOV 21 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA