Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (305)674-3313 Fax Number : (305)675-2811 O3 NOV 25 AN II: 10 SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

Partial dental lab Co

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing

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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:

Partial dental lab Co

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailing address is:

4911 S. Dixie Highway West Palm Beach , Florida 33405

ARTICLE III: PURPOSE

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV: SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE VI: REGISTERED AGENT

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

Miguel Borda

4911 S. Dixie Highway

West Palm Beach, Florida 33405

ARTICLE VII: INCORPORATOR

The name and Florida street address of the incorporator is:

Miguel Borda

4911 S. Dixie Highway

West Palm Beach, Florida 33405

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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.

Miguel Borde / Registered Agent

Miguel Borda / Incorporator

Date

11.24.07

Date

FILEU NOV 25 M II: II NETARY OF STATE ANTASSEE, FLORIDA