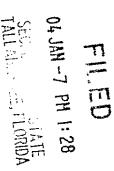
## 

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del> -
Special Instructions to Filing Officer:	
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## TRANSMITTAL LETTER

Department of Star Division of Corpor				
P.O. Box 6327	_			
Taliahassee, FL 3	2314	.,		
SUBJECT:	Incorporating o	f Duringo	Denty Supply	Inc.
Enclosed is an orig	ginal and one (1) copy of the C	Certificate of Domesti	cation and a check for:	
FEES:				
Certificate	of Domestication	\$50.00		
	Incorporation and Certified	Copy <u>\$78.75</u>		
Total to do	mesticate and file	\$128.75		
OPTIONAL:	<del>-</del>	••		
Certificate	of Status	\$ 8.75		
FROM:	Kevin	Pillion Inted or typed)		
	6726	Fairvieur	Terrace	
_		ddress		
	Bradent	ion FL	34203	
	941 - 75	_		
	Daytime Te	lephone number		

## CERTIFICATE OF DOMESTICATION

Th	e undersigned.	Kevin Pillion		_ ,	President,		
			(Name)		(Title)		•
of	Durango	Dental (Comora	tion Name)	, Inc.	z forei	gn corporation	
		, n	,	does hereby certify			
1.	The date on whi	ich corporati	on was first form	ned was <u>Jame</u>	sary 11,	<u>, 1999</u> .	
2.	•			oration was first for		d, or otherwise	
3.	The name of the	corporation	immediately pri	or to the filing of the		Domestication	•
4.	The name of the s. 607.0202 and	corporation 607,0401 wi	, as set forth in it ith this certificate	e isOuran	•	•	
5. 6.	The jurisdiction administration o immediately bef	that constitu f the corpora ore the filing	tion, or any other of the Certificat	te social, or principal requivalent jurisdiction to of Domestication to complete the domestic to	ction under applic was Nevada	cable law,	- .t
I ar and	to s. 607.1801.	o sign this Co	Durang extificate of Dom	o Dental  destication on behalf	Supply	tnc	
	(	Certificate o	(Authoriz	d Certified Copy	\$50.00 <u>\$78.75</u> \$128.75	D4 JAN -7 PM 1: C3 SEGMENTALLMINGSSEE, FLORIDI	TILED

Signature/Incorporator

## ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE: Durango Dental Supply Inc. ARTICLE II PRINCIPAL OFFICE 6726 Fairview Terrace THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Bradenton, FL 34203-8855 ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: To engage in any lawful activity, within or without the state of Florida ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: KRITICA 6726 Farrier Terrace Bratenton FL 34203 INITIAL REGISTERED AGENT AND STREET THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS: Kevin Pillion 6726 Fair View Terrace Bradenton, FL 34203 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: Keyin Pillion 6726 Fairview Terrace 34203 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF FROCESS FOR THE ABOVE STATED CORPORATION AT THE place designated in this cretificate, I am familiar with and accept the appointment as registered agent and agree to ACT IN THIS CAPACITY. Signature/Registered Agent

1/4/04