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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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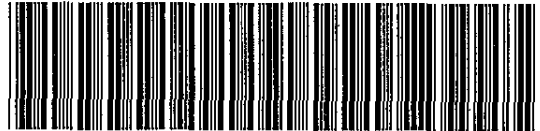
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**TRANSMITTAL LETTER**

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

**SUBJECT:** NISAN DENTAL LAB. INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ROBERT BRENDARO  
Name (Printed or typed)

419 EAST VINE ST.  
Address

KISSIMMEE FLORIDA 34744  
City, State & Zip

407-344-3522  
Daytime Telephone number

**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:

NISAN DENTAL LAB. INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

419 EAST ST. KISSIMMEE FLORIDA 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE OR TRANACT IN ANY OR ALL LAWFUL  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES  
AND THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is:

2,000 SHARES OF COMMON STKS. @ \$ 1.00 PAR VALUE.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ROBERT BENDARO  
419 EAST VINE ST.  
KISSIMMEE FLORIDA 34744

**ARTICLE VI REGISTERED AGENT**

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

LEVITT PEREZ  
12329 ACCIPITER DRIVE  
ORLANDO FLORIDA 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROBERT BENDARO  
419 EAST VINE ST.  
KISSIMMEE FLORIDA 34744

\*\*\*\*\*  
*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*

	02/24/2004
Signature/Registered Agent	Date
	02/24/2004
Signature/Incorporator	Date

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SECRETARY OF STATE  
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