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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.****BELMONT DENTAL SUPPLY CORP.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION  
OF

BELMONT DENTAL SUPPLY CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BELMONT DENTAL SUPPLY CORP.

The principal place of business of this corporation shall be: 8225 SW 2 ST. MIAMI, FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 shares @ \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

CLAUDIA X. PARETS  
8225 SW 2 ST.  
MIAMI, FL 33144

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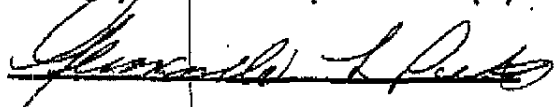
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ARMANDO L. PARETS  
8225 SW 2 ST.  
MIAMI, FL 33144

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 16 day of JULY, 2004. 2003

Signature(s) of Incorporator(s)



8225 SW 2 ST.

Miami FL 33144

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

Belmont Dental Supply Corp.

2. The name and address of the registered agent and office is:

8225 SW 2nd Street (Armando L. Parets)  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33144  
(CITY/STATE/ZIP)

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SIGNATURE

TITLE

DATE

[Signature]

President

7/16/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

[Signature]  
7/16/04