

P04000138575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

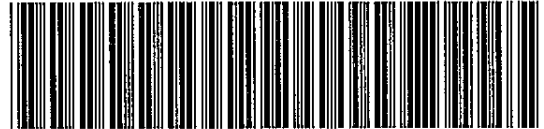
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041483590

10/06/04--01017--025 **78.75

FILED

04 OCT -6 PM 12:39

DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT -6 AM 11:20

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-06-04
B

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MID DENTAL LAB INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

04 OCT -6 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

MID DENTAL LAB INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the Corporation is:

MID DENTAL LAB INC.

ARTICLE II

The purpose for which the Corporation is organized is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE III

The aggregate number of shares that the Corporation shall have the authority to issue is SEVEN THOUSAND (7,000) shares of Capital Stock, all of one class, with a par value of One Dollar (\$1.00) per share.

ARTICLE IV

The period of duration of the Corporation is perpetual.

ARTICLE V

The amount of capital with which the Corporation shall begin business is not less than SIX HUNDRED DOLLARS (\$600.00).

ARTICLE VI

The address of the initial Principal Office of the Corporation is: 8050 N.W. 103rd Street #207 Hialeah Gardens, Fl. 33016.

ARTICLE VII

The number of directors constituting the initial Board of Directors of the Corporation are:

MARIA E. DANIEL	2463 W. 72nd Street Hialeah Gardens, Fl. 33016
ISRAEL D. DANIEL	2463 W. 72nd Street Hialeah Gardens, Fl. 33016

ARTICLE VIII

The name and address of the initial subscriber and Registered Agent of the corporation is:

MARIA E. DANIEL	2463 W. 72nd Street Hialeah Gardens, Fl. 33016
-----------------	---

ARTICLE IX

The following persons shall be the officers of this Corporation for the first year of its existence or until their successors are elected and have qualified:

MARIA E. DANIEL	Director and President.
ISRAEL D. DANIEL	Vice-President and Secretary.

ARTICLE X

Shareholders shall not be entitled to preemptive rights.

IN WITNESS WHEREOF, I the undersigned, have made, subscribed and acknowledged this Article of Incorporation, this 29nd day of September, 2004.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.



Maria E. Daniel, Subscriber
and Registered Agent.

STATE OF FLORIDA

COUNTY OF MIAMI DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and County aforesaid to take acknowledgements, personally appeared Maria E. Daniel, subscriber and Registered Agent, to me known to be the person described in or who (have) (has) produced Florida Drivers License as identification and who executed the foregoing document and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 29th day of September, 2004.

My commission expires:



NOTARY PUBLIC, State of Florida