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(City/State/Zip/Phone #)

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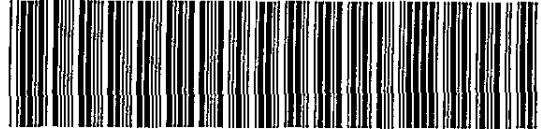
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Extreme Veneers 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

☒ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: FRANK A. LAVONIA III  
Name (Printed or typed)  
14991 Harriet Avenue  
Address  
Jupiter FL 33458  
City, State & Zip  
561 502 7622  
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: Extreme Veneers Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 3780 Burns Rd Suite #12  
Palm Beach Gardens, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental LABORATORY

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

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

FRANK A. LAVONIA III 1499 Harriet Ave. Jupiter FL 33458  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


FRANK A. LAVONIA III 14991 Harriet Avenue Jupiter FL  
33458

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FRANK A. LAVONIA III  
14991 Harriet Avenue, Jupiter FL 33458

\*\*\*\*\*  
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

  
Signature/Registered Agent

11/05  
Date

  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED  
05 FEB 10 AM 10:58  
STATE CLERK OF STATE  
TALLAHASSEE, FLORIDA