

P06000148990

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

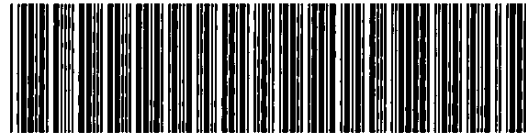
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12-01-06

• **COVER LETTER**

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

**SUBJECT: ELASTODENT, 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: MICHAEL WALTHER  
Name (Printed or typed)

7525 NW 74 AVENUE  
Address

MEDLEY, FL. 33166  
City, State & Zip

305-975-4157  
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:

ELASTODENT, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

7525 NW 74 AVENUE  
MEDLEY, FL. 33166

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ORTHODONTIC PRODUCTS

## **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

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

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

MICHAEL WALTHER - PRESIDENT  
10770 NW 66 STREET  
APT#107-C  
DORAL, FL. 33178

## **ARTICLE VI REGISTERED AGENT**

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

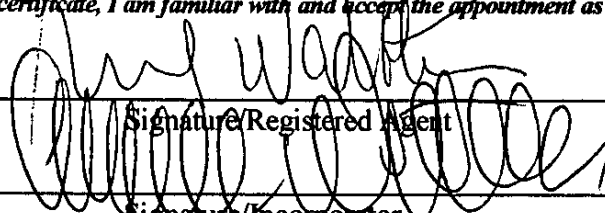
EMMA WALTHER  
10770 NW 66 STREET  
APT.#107-C  
DORAL, FL. 33178

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MICHAEL WALTHER  
10770 NW 66 STREET  
APT.#107-C  
DORAL, FL. 33178

\*\*\*\*\*  
*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

\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-29-06

Date

11-29-06

Date