

P07000029574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

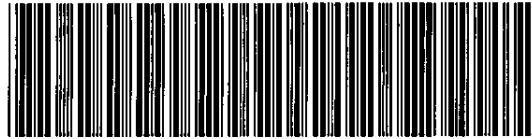
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Burch MAR 7 2007

COVER LETTER

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

SUBJECT: V & V 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: V & V DENTAL LAB. INC
Name (Printed or typed)

18800 NW 2nd Ave. Suite 219 C
Address

Miami Gardens, Fl. 33169
City, State & Zip

786 663 4504
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:

V & V DENTAL LAB. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18800 NW 2ND Suite 219 C
Miami Gardens, Fl. 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General dental work

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vivian Reilly
1301 NE Miami Gardens Dr. Apt. 1524W
N Miami Beach Fl. 33179

ARTICLE VI REGISTERED AGENT

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

Vivian Reilly
1301 NE Miami Gardens Dr. Apt. 15 24W
N Miami Beach Fl. 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vivian Reilly
1301 NE Miami Gardens Dr. Apt. 15 24W
N Miami Beach Fl. 33179

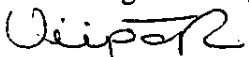
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/01/07

Date



Signature/Incorporator

03/01/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA