

FROM : LAZARUS
DIVISION OF CORPORATIONS

FAX : 305 220 1440

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

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FLORIDA PROFIT/NON PROFIT CORPORATION

LUSCENT DENTAL LABORATORIES, CORP.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF
FORMING A
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION
ACT, HEREBY
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Luscent Dental Laboratories, Corp..

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS
CORPORATION SHALL BE:

4665 W. Atlantic Avenue, Delray Beach,
FL, 33445

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

William Puerto

4665 W. Atlantic Avenue

Delray Beach, FL, 33445

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE
ARTICLES OF INCORPORATION IS:

William Puerto
4665 W. Atlantic Avenue,
Delray Beach, FL, 33445

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

26 DAY OF June, 2008


SIGNATURE


ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

William Puerto - President
Mary Puerto - Vice-president

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATED TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION
AS REGISTERED AGENT.


REGISTERED AGENT SIGNATURE

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