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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

King Dental Lab, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
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## ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

**King Dental Lab, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**King Dental Lab, Inc.  
1301 S. Patrick Drive, Suite #68  
Satellite Beach, FL 32937**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,500 Shares at no Par Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Clay A. King  
1294 Etruscan Way  
Indian Harbour Beach, FL 32937**

**Prepared By:  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-635-3940**

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**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Clay A. King - President/Director  
1294 Etruscan Way  
Indian Harbour Beach, FL 32937**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Clay A. King  
1294 Etruscan Way  
Indian Harbour Beach, FL 32937**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of January 2009.

  
Clay A. King - Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **King Dental Lab, Inc.**

2. The name and address of the registered agent and office is:

**Clay A. King**

Name

**1294 Etruscan Way**

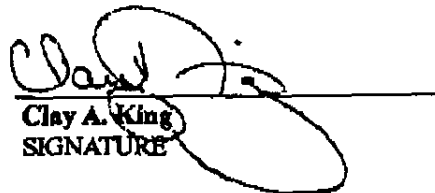
(P.O. Box or Mail Drop Box NOT Acceptable)

**Indian Harbour Beach, FL 32937**

(City / State / Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**Clay A. King**  
SIGNATURE

**January 13, 2009**

(Date)

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