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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

# FLORIDA PROFIT/NON PROFIT CORPORATION ND DENTAL LABORATORY, CORP.

Certificate of Status	0
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ALLAHASSEE, FLORIDA:

### ARTICLE I NAME

The name of the corporation shall be: ND DENTAL LABORATORY, CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3873 SW 94 AVE. MIAMI, FL 33165

#### ARTICLE III PURPOSE

To engage in lawful business

#### ARTICLE IV SHARES

100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

JESUS A NODARSE, PRESIDENT

#### ARTICLE VI

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

JESUS A NODARSE, PRESIDENT 3873 SW 94 AVE. MIAMI, FL 33165

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE VII

The name and address of the Incorporator is: JESUS A NODARSE, PRESIDENT 3873 SW 94 AVE. MIAMI, FL 33165

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.

Date: JANUARY 4TH, 2010 Signature/Registered Agent

Date: JANUARY 4th, 2010 Signature/Incorporator

Prepared By: L. Toyos Tax Service 7264 SW 8 Street, Miami, FL 33144