

P10000014306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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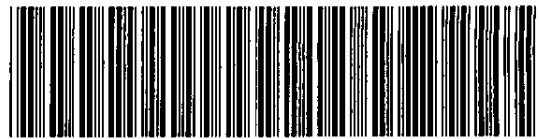
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-17-10 ch

COVER LETTER

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

SUBJECT: CDG 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: CONCEPCION DIGIACOMO
Name (Printed or typed)

1101 SW 141 AVENUE
Address

MIAMI, FL 33184-2789
City, State & Zip

(305) 794-6247
Daytime Telephone number

CARLITICO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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:

CDG DENTAL LAB, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1101 SW 141 AVENUE
MIAMI, FL. 33184-2789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DENTAL LAB

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):

CONCEPCION DIGIACOMO
1101 SW 141 AVENUE
MIAMI, FL. 33184-2789

ARTICLE VI REGISTERED AGENT

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

CONCEPCION DIGIACOMO
1101 SW 141 AVENUE
MIAMI, FL. 33184-2789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CONCEPCION DIGIACOMO
1101 SW 141 AVENUE
MIAMI, FL. 33184-2789

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

Concepcion D. Digiacomo

Signature/Registered Agent

2-11-10

Date

Concepcion D. Digiacomo

Signature/Incorporator

2-11-10

Date

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SPECIAL STAFF
TALLAHASSEE, FLORIDA