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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

js 8/13/10

COVER LETTER

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

SUBJECT: Master Chrome 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Ramon H Ferreira
Name (Printed or typed)

2652 Ponkan Summit Dr
Address

Apopka, Fl, 32712
City, State & Zip

407 304 0226
Daytime Telephone number

hugferre@hotmail.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:
Master Chrome Dental Lab Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
2652 Ponkan Summit Dr Apopka, Fl, 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide services to the Dentists

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):
Ramon H ferreira

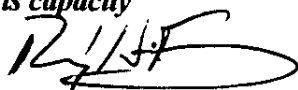
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Ramon H Ferreira
2652 Ponkan Summit Dr, Apopka, Fl, 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Ramon H Ferreira
2652 Ponkan Summit Dr, Apopka, Fl, 32712

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



Signature/Incorporator

08/09/10

Date

08/09/10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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