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SECRETARY OF STATE

W1-53048

COVER LETTER

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

SUBJECT: Destina Denta	Lab Traction of the Name - MUST INCLUDE SUFFIX)
(PRO DSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Sally P	(Printed or typed)
3215	Address S+ N
$\frac{\mathcal{L}}{\mathcal{L}}$	12 + E 33704 State & Zip
	elephone number
E-mail address: (to be used	d for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



November 12, 2010

SALLY BYERS 3215 11TH ST N ST PETE, FL 33704

SUBJECT: DESTINY DENTAL LAB INC

Ref. Number: W10000053048

We have received your document for DESTINY DENTAL LAB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

www.sunbiz.org

Letter Number: 510A00026599

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Effective: 1/1/2011

ARTICLE 1 NAME The name of the corporation shall be: Blue Sky 1	Dental Lab, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address 3220 BENNETT STREET St. Petersburg, FL 33713	
ARTICLE III PURPOSE	200 Sec.
The purpose for which the corporation is organized is:	NOV
Dental Manufacturing	22 22
ARTICLE IV SHARES The number of shares of stock is:	PH 2: 40
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>
Name and Title: Sally Byers, President Address: 3215 11th Street N.	Name and Title:Address:
St. Petersburg, Fr. 33704	
Name and Title:	Name and Title:
Address:	
Name and Title:Address:	
Address:	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Sally Byers Address: 3215 11th Street N.	
St. Retersiourg, Fi 337	ot
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Name: <u>Saly Buers</u>	
Address: 3215 11th Street N. 5t. Petersburg, Fr. 33	704
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered.	
Valle Burge	11/18/11
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	
aucument to the Department of State constitutes a third degree Jelony	us provincu for in 8.017.155, r.s.
Recorded Signature/Incorporator	Date