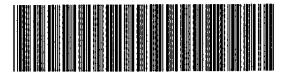
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

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

SUBJECT:	Kadima De	TE NAME - MUST INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation an	d 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 OPY REQUIRED
		ADDITIONAL CO	OF I REQUIRED
			.: :
FROM: _	i e e e e e e e e e e e e e e e e e e e	rich Richman	
_		E. Hawthorn	
	,	Address	
	Holl City,	State & Zip	3302\
	954	1-261-5264	
	Daytime T	elephone number	
		madental@	
	E-mail address: (to be use	d 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)

The name of the corporation shall be: Kadima Dent	al corp.		
Principal office Principal street address 3389 Sheciden St.	Mailing address, if different is:		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ell dental supplies		
ARTICLE IV SHARES The number of shares of stock is: \00	FILED 12 JAN 10 PM SECRETARY OF S ALLAHASSEE, FL		
Name and Title: Aviva Richman - Vesider Address: 1208 E. Hawthorne Cit	Name and Title:		
Name and Title:Address:			
Name and Title:Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: Aviva Rivers Address: 1208 E. Hawthold C. C. Hollywood Fl. 33021			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address	<u>-i</u> <.		
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as references.	rss for the above stated corporation at the place designated in registered agent and agree to act in this capacity 2/6/20/2		
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Required Signature/Incorporator	7/6/2012 Date		