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Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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  
UNLIMITED DENTAL DESIGNS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: UNLIMITED DENTAL DESIGNS, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5901 NW 151 Street Suite 112  
Miami Lake, FL 33014

Mailing address, if different is: 5901 NW 151 Street Suite 112  
Miami Lake, FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTAL LABORATORY SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (one hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>MARIA M. RICHARD President</u>	Name and Title: <u>JESUS GONZALEZ Vicepresident</u>
Address: <u>1258 NW 3rd Street Apt. 2</u>	Address: <u>1258 NW 3rd Street Apt. 2</u>
<u>Miami, FL 33125</u>	<u>Miami, FL 33125</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIA M. RICHARD  
Address: 1258 NW 3rd Street Apt. 2  
Miami, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:


Name: MARIA M. RICHARD  
Address: 1258 NW 3rd Street Apt. 2  
Miami, FL 33125

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

  
Required Signature/Registered Agent

4/25/2012  
Date

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

4/25/2012  
Date

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