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(Business Entity Name)

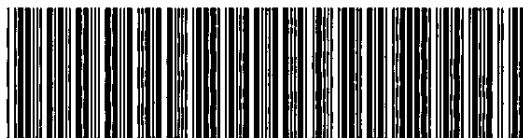
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

~~W11-15967~~

December 17, 2014

GREGSON DENTAL STUDIO INC.
1404 MURRELLS INLET LOOP
THE VILLAGES, FL 32162 US

SUBJECT: GREGSON DENTAL STUDIO INC.
Ref. Number: P07000008013

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Upon receipt of your letter and/or check(s) totaling \$78.75, no document was found. Please send your document with any fees due to:

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Andy Dunlap
Senior Section Administrator

Letter Number: 814A00026746

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COVER LETTER

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

SUBJECT: GREGSON DENTAL Studio 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: MICHAEL FREEMAN
Name (Printed or typed)

27047 ROANOKE DR.
Address

LEESBURG FL 34748
City, State & Zip

352-728-4186
Daytime Telephone number

MIKE.FREEMAN18@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: GREGSON DENTAL STUDIO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

27047 POMUKE DR.
LEESBURG FL.
34748

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE DENTAL PROSTHETICS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: M. FREEMAN Pres. Name and Title: J. FREEMAN U. Pres.

Address 27047 POMUKE DR. Address: SAME
LEESBURG FL.
34748

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: MICHAEL FREEMAN

Address: 27047 ROMDOKK DR.

34748

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL FREEMAN

Address: 27047 ROMDOKK DR.

34748

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TALLAHASSEE FLORIDA

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

Michael Freeman
Required Signature/Registered Agent

12/30/14
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.

Michael Freeman
Required Signature/Incorporator

12/30/14
Date