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**Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : SUPERBIZ.COM, INC.
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Phone : (800) 494-3124
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ZAMFIR DENTAL LABORATORY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

15 SEP 29 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

ZAMFIR DENTAL LABORATORY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

935 HIGH POINT DRIVE
NAPLES, FLORIDA 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
CONSTANTINE ZAMFIR
935 HIGH POINT DRIVE
NAPLES, FLORIDA 34103

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CONSTANTINE ZAMFIR
2728 CLIPPER WAY
NAPLES, FLORIDA 34104

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

CONSTANTINE ZAMFIR
2728 CLIPPER WAY
NAPLES, FLORIDA 34104



CONSTANTINE ZAMFIR / Registered Agent

09/29/2015
Date

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.



CONSTANTINE ZAMFIR / Incorporator

09/29/2015
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.

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