

09/06/2033 06:00

#1195 P.001/003

P15000587917

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000255898 3)))



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To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
A.N. DENTAL LABORATORY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 OCT 26 AM 7:07

15 OCT 26 AM 3:11  
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Corporate Filing Menu

Help

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

H15000255898

**ARTICLE I NAME:** The name of the corporation is:

A.N. DENTAL LABORATORY INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13103 SW 186 TER  
Miami FL 33177

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JUANA RAMOS (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Juana Ramos  
13103 SW 186 TER  
Miami FL 33177

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

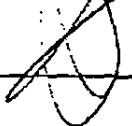
Juana Ramos  
13103 SW 186 TER  
Miami FL 33177

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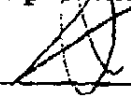
H15000255898

**Required Signatures:**

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

 \_\_\_\_\_ 10/26/15  
Registered Agent 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.

 \_\_\_\_\_ 10/26/15  
Incorporator Date

H15000255898