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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

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08/25/16

August 5, 2016

Florida Department of State  
New Filing Section  
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Tallahassee, FL 32314

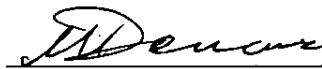
Re: Sun Dental Laboratory Services, Inc.

To Whom It May Concern:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$70.00.

This represents the cost of the Filing Fees and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

  
(Individual's Name)

Sun Dental Laboratory Services, Inc.  
(Name of Corporation)

<b>MAILING ADDRESS OF CORPORATION</b>		
<b>600 Bay Drive</b>		
<b>New Smyrna Beach, FL 32168</b>		
PHONE		
<b>( 386 )</b>	<b>314-9081</b>	
Area Code	Number	Ext.

**ARTICLES OF INCORPORATION**  
of

Sun Dental Laboratory Services, Inc.  
(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

Sun Dental Laboratory Services, Inc.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

**ARTICLE V - INITIAL PRINCIPAL OFFICE**

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
600 Bay Drive			
CITY	New Smyrna Beach	FLORIDA	ZIP 32168

Mailing address, if different

STREET ADDRESS	Same as above
CITY	ZIP

**ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Merna Donawa
ADDRESS	600 Bay Drive
CITY	New Smyrna Beach
	FLORIDA
	ZIP 32168

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## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have One ( 1 ) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Merna Donawa		
ADDRESS	600 Bay Drive		
CITY	New Smyrna Beach	STATE	FL ZIP 32168
NAME			
ADDRESS			
CITY		STATE	FL ZIP
NAME			
ADDRESS			
CITY		STATE	FL ZIP

## ARTICLE VIII - INCORPORATORS

The names and address of the incorporators signing these Articles of Incorporation are as follows:

NAME	Merna Donawa		
ADDRESS	600 Bay Drive		
CITY	New Smyrna Beach	STATE	FL ZIP 32168
NAME			
ADDRESS			
CITY		STATE	FL ZIP
NAME			
ADDRESS			
CITY		STATE	FL ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 5th  
day of August, 2016.

M Donawa (Signature)

\_\_\_\_ (Signature)

\_\_\_\_ (Signature)

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Sun Dental Laboratory Services, Inc.

Pursuant of Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 600 Bay Drive


New Smyrna Beach, FL 32168

has named Merna Donawa

located at the aforesaid address, as its registered agent to accept service of process within this state.

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

August 5, 2016  
(Date)