

FLORIDA DEPARTMENT OF STATE
Division of Corporations
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To:

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

From:

Account Name : LVM ACCOUNTING SERVICES, INC.
 Account Number : 120200000106
 Phone : (561)927-7157
 Fax Number : (305)912-0167

****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

Aesthetic Dental Pro Laboratory

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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1995 02 10 00:00:00

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

SUBJECT: Aesthetic Dental Pro Laboratory Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	x \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Tigranyan Hrachya

Name (Printed or typed)

22205 SW 61St Ave.

Address

Boca Raton, FL 33428

City, State & Zip

425-229-7313

Daytime Telephone number

hrachyatigranyan69@gmail.com

E-mail address: (to be used for future annual report notification)

23 FEB 11 11:05

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: Aesthetic Dental Pro Laboratory Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22205 SW 61St Ave, Boca Raton, FL 33428

22205 SW 61St Ave, Boca Raton, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dental Laboratory

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hrachya Tigranyan - President

Name and Title: _____

Address: 22205 SW 61St AVE

Address: _____

Boca Raton, FL 33428

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

23 FEB 14 11:16 AM '08

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: Hrachya Tigranyan
 Address: 22205 SW 61st AVE
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hrachya Tigranyan
 Address: 22205 SW 61st AVE
Boca Raton, FL 33428

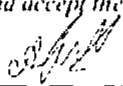
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/14/2023 (OPTIONAL)

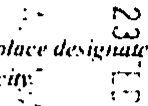
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

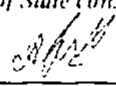


 Required Signature/Registered Agent


 02/14/2023

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

02/14/2023
 Date