

P9500014638

TRANSMITTAL LETTER

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

SUBJECT: MCA Dental Lab, Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Milwecos O. Oastinere
Name (printed or typed)

13290 SW 131st. Suite #134
Address

Miami, FL 33186
City, State & Zip

(305) 398-2469 WORK
Daytime Telephone number

(305) 398 1451 Home

FILED
95 FEB 20 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
95 FEB 20 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *Moon Dental Lab Inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*13270 SW 131st #134
Miami, FL 33186*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

25 for \$1.00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Milagros A. Castañeda
13270 SW 131st #134
Miami, FL 33186*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Milagros A. Castineira
13290 SW 131st
Miami, FL 33186

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of 2, 1995.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MCCA Dental lab inc.

2. The name and address of the registered agent and office is:

Miguelos. A Castineira

(Name)

13290 SW 131st. Suite #134

(P.O. Box not acceptable)

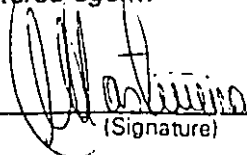
Miami, FL

33186

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

2/3/95

(Date)