

195 0000 21101
TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 11 1989

SUBJECT: ATH DENTAL LAB INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

SAL GANEM

Name

2124 N.E 123 ST. # 205

Address

N.MIAMI, FL 33181

City, State, & Zip

(305) 8991259

Telephone Number

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MAY 11 1989

SIX

Note: Additional copy of articles is needed only when certified copy is requested.

ARTICLES OF INCORPORATION

OF

ATH DENTAL LAB INC.

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:

ATH DENTAL LAB INC.

FILED
SECRETARY OF STATE
CORPORATION DIVISION
55 MAR 14 PM 3:59

ARTICLE II PRINCIPAL OFFICE

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

4344-B SEAGRAPE
LAUDERDALE BY THE SEA, FL 33308

ARTICLE III CAPITAL STOCK

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

100 SHARES X \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ABDELHALIM TADILI
4344-B SEAGRAPE
LAUDERDALE BY THE SEA, FL 33308

ARTICLE V INCORPORATOR(S)

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

ABDELHALIM TADILI S.S 590-25-4219
4344-B SEAGRAPE
LAUDERDALE BY THE SEA, FL 33308

MALIKA SADDEK S.S 589-29-8019
4344-B SEAGRAPE
LAUDERDALE BY THE SEA, FL 33308

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

_____ 20 _____ day of _____ FEB _____, 19 95 _____.

 _____
Signature/Title

Signature/Title

Signature/Title

4

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

Pursuant to the provisions of section 607.0501, 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.

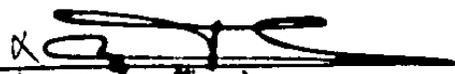
1. The name of the corporation is: ATH DENTAL LAB INC.

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

ABDELHALIM TADILI
(NAME)

4344-B SEAGRAPE
(P.O. BOX NOT ACCEPTABLE)

LAUDERDALE BY THE SEA, FL 33308
(CITY/STATE/ZIP)

SIGNATURE 
(corporate officer)

TITLE PRESIDENT

DATE FEB 20, 1995

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 

DATE FEB, 20, 1995

95 MAR 16 3:39 PM '95

REGISTERED AGENT FILING FEE: \$35.00

P95000021101

STATE OF FLORIDA
DEPARTMENT OF REVENUE
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Lawrence E. Blacke EIN or SS#: _____

Address: 3400 N.E. 34th Street
Ft. Lauderdale, Fl. 33308

Amount: \$35.00 Date Paid _____

Reason for claim: Does not wish to file name change amendment at this time for:

ATH DENTAL LAB INC. #P95000021101

Velma Shepard - Amendments

Certified true and correct this _____ day of _____, 19 _____

Signature See letter attached

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim. Amount of recommended refund \$ 35.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01004--006 dated 12/01/05

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607.0122

If it is requested that payment be made from the following account:

NAME OF ACCOUNT _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency) _____ (Authorized Signature and Title)

LAWRENCE E. BLACKE

ATTORNEY AND COUNSELOR AT LAW

January 9, 1996

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: ATH DENTAL LAB INC.
Ref. Number: P95000021101

Dear Velma:

Pursuant to the enclosed letter, please be advised that my client ATH Dental Lab has decided against filing the Articles of Amendment and I would appreciate your returning the \$35.00 that was sent to you for said Amendment.

Should you have any questions, please do not hesitate to contact this office.

Very truly yours,



Lawrence E. Blacke

LEB/ak

Enc.

P95000021101

LAWRENCE E. BLACKE
ATTORNEY AND COUNSELOR AT LAW

November 28, 1995

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

000001650440
-12/01/95--01004--006
*****35.00 *****35.00

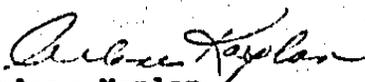
Re: Articles of Amendment:
ATH Dental Lab to A1A Dental Lab, Inc.

Gentlemen:

Enclosed please find the Article of Amendment to Articles of Incorporation regarding the above-captioned matter, together with a check in the amount of \$35.00 for same.

Should you have any questions or need anything additional, please do not hesitate to contact this office.

Very truly yours,


Arlene Kaplan
Legal Assistant

/ak

Enc.

~~W95-23899~~

Amend. & N/C



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 6, 1995

ARLENE KAPLAN
3400 N.E. 34TH STREET
FT. LAUDERDALE, FL 33308

SUBJECT: ATH DENTAL LAB INC.
Ref. Number: P95000021101

We have received your document for ATH DENTAL LAB INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The word "initial" or "firs:" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 495A00053120