

P960000007697

BASIC ACCOUNTING SERVICES INC.

Requestor's Name
692 W. 29 St. Ste #9

Address
Hialeah Florida 33012

City State Zip
305 887 4185

Phone#

CORPORATION NAME

BEST DENTAL LABORATORY, Inc

700001695397
-01/23/96-01013-020
****122.50 ****122.50

() PROFIT CORPORATION (X) NON PROFIT CORPORATION
() LIMITED PARTNERSHIP () ANNUAL REPORT () RESERVATION
() REINSTATEMENT () OTHER
() CERTIFIED COPY () PHOTO COPIES () CERTIFICATE
UNDER SEAL
() WALK IN () WILL WAIT () MAIL OUT () CALL () AFTER 30

Name
Availability

Document
Examiner

Updater

Updater
Verifier

Acknowledgment

W.P. Verifier

AL JAN 25 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 22 AM 10:09

**ARTICLE OF INCORPORATION
OF**

BEST DENTAL LABORATORY, INC.

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

ARTICLE I NAME

The name of the corporation shall be: BEST DENTAL LABORATORY, INC.

The principal place of business of this corporation shall be:
692 W. 29 St. # 10
Hialeah, FL 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times \$ 10.00 = \$ 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Junna Morejon

Director

421 NW. 51 Ave.

Miami, Fl. 33126

Carlos Valle

Director

1882 W. 58 th. st.

Hialeah, FL 33012

ARTICLE VI INCORPORATOR(S)

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

Juana Morejon

President

421 NW. 51 Ave.

50 shares

Miami, Fl. 33126

Carlos Valle

Secretary & Treasurer

1882 W. 58 th. St.

50 shares

Hialeah, Fl. 33012

The undersigned has(have) executed these Article of Incorporation this 16 th. day of January, 19 96.

X

Signature/Title

Y

Signature/Title

Signature/Title

FILED
SECRETARY OF STATE
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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: _____
BEST DENTAL LABORATORY, INC.

2. The name and address of the registered agent and office
is _____
JUANNA MOREJON
(Name)

421 NW. 51 Ave.

(P. O. BOX NOT ACCEPTABLE)

Miami, FL 33126

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

1-16-96