P96000024020

TRANSMITTAL LETTER

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

SUBJECT: SUN	SHINE DENTAL SA	VLES INC.		
(1	Proposed corporate	name - must include su	iffix)	
			では -03/ ***	DDO1741467 13/9601065008 **78.75 *****78.75
Enclosed is an original for:	l and one (1) co	py of the articles o	f Incorporation	and a check
= \$70.00 Filling Fee	X \$78.75 Filing Fee & Certificate	#122.50 Filling Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	THOMAS VA	LERIO		1
	Name (printed or typed)			
		nd Terrace N		
		Address		
	Largo, FL	34642		
	City, State & Zip		26. 36.	
	813 398	3-7397		
	Daytime To	elephone number		FILED R 13 PH 2: 43 DARY OF STATE ASSEE, FLORIDA

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

52/18/9b

AUTICLES OF INCORPORATION

THE UNDERSIGNED intending to form a Florida Corporation pursuant to Section 607 Florida Statutes states as follows:

FILED

NAME:

The name of the corporation is:

SUNSHINE DENTAL SALES INC.

96 MAR 13 MI 2: 43

The principal address of the corporation and $\widetilde{\mathcal{L}}_{L_{i}}^{OUL}$ MAILING ADDRESS: The address of the registered office of the corporation is:

> 123 Gulfwind Dr. E. Palm Harbor, FL 34683

EXISTENCE:

The corporation shall exist perpetually until dissolved by action of the shareholders and directors, or by operation of Law.

PURPOSE:

The corporation shall be authorized to transact any and all business authorized by the Laws of the State of Florida and the United States of America.

INITIAL CAPITAL STRUCTURE AND PAID IN CAPITAL:

The corporation shall begin business with a minimum paid in capital of FIVE HUNDRED (\$ 500) DOLLARS, and shall be authorized to issue 500 shares of Common capital stock at a par value of \$ 1.00.

DIRECTORS:

The corporation shall have a minimum of one Director and a maximum of six Directors, one of whom shall be the President of the Corporation.

OFFICERS:

The corporation shall have a President, a Secretary, and a Treasurer.

INI TIAL BOARD OF DIRECTORS:

The names and addresses of the initial Board of Directors of the Corporation are:

President & Director

& Treasurer

AL DE MARCO 276-76-6979

123 Gulfwind Dr E. Palm Harbor, FL 34683

Secretary & Director

MOMA LIN M. SOLAN 198-46-2013

123 Gulfwind Dr E. Palm Harbor, FL 34683

SUBSCRIBER:

The name and address of the subscriber to these Articles of Incorporation and number of shares subscribed for are as follows:

AL DE MARCO 123 Gulfwind DR E. Palm Harbor, FL 3-683

RESIDENT AGENT"

The name and address of the person designated to accept service of process on behalf of the Corporation, as required by Law, is as follows:

AL DE MARCO 123 Gulfwind DR E. Palm Harbor, FL 34683

IN WITNESS WHEREOF the und seal as subscriber to these day of	ersigned has hereunto set his hand and e Articles of Incorporation on this
,	al De Marco
STATE OF FLORIDA : COUNTY OF PINELLAS : S.S.	
I HEREBY CERTIFY that on this da authorized in the state and coun oaths and take acknowledgements,	ty last aforesaid to administer
the foregoing Articles of Incorp	deposes and says that he executed oration for the uses and purposes things and matters contained therein
Witness myhand and Official Scal	this day of
(Seal)	Notary Public
My commission expires:	OFFICIAL NOTARY SEAL G THOMAS VALUETO NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC211333

MY COMMISSION EXP. JUNE 28,1396

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	suns e of the corporation is:	HINE DENTAL SALES INC.	***************************************
	dingi -		
2. The name	e and address of the registered	i agent and office is:	
	AL DE MARCO		- 产行 98
	(Na	ame)	<u> </u>
	123 Gulfwind Dr.	. Е.	
	(P.O. Box p	not acceptable)	- [[조 교 [
	Palm Harbor, FL	34683	
	(City/S	tate/Zip)	2: 43 FATE ORIDA
Having been above stated the appoint to comply will mance of my as registered	named as registered agent and corporation at the place designent as registered agent and agent and agent and agent and lam familiar with a lagent.	nd to accept service of proce mated in this certificate, I he gree to act in this capacity, a relating to the proper and c and accept the obligations o	ess for the ereby accept I further agree complete perfor- if my position
al	De Marco	,	
	(Signature)	(Date)	

Secretaria de la companya del companya de la companya del companya de la companya