(SAMPLE LETTER OF TRANSMITTAL)

P96000035091

Date

Secretary of State Division of Corporations	696#100#1775#6574666 -0472279601050006 ++++122.50 ++++122.50
P. O. Box 6327 Tallahassee, FL 32314 Re: Moretan Der	Inc. Fig. 35 19 19 19 19 19 19 19 19 19 19 19 19 19
Gentlemen: Enclosed please find the original and one copy the amount of \$122.50.	of the Articles of Incorporation, together with my check in
This represents the cost of the Filing Fees, e Registered Agent Designation for the above na	Certified Copy of Articles of Incorporation and Fee for med corporation. Very truly yours,
4/23/56	Erroll. Morgon, Sr. (individual's name)
MOZZANI SK.GAVE	Molegan Dental Lats, Inc. (name of corporation)
AUTHORIZATION BY PHONE TO CORRECT Est ASSAULT ALLES OF THE DOC. EXAMALISTA ELLES OF THE DOC.	HORJames St. Unit 12-2 Abet Charly the FL 33980
000. 2.	PHONE ————————————————————————————————————

ARTICLES OF INCORPORATION

Morgan Dental	hab Inc.	
The undersigned subscriber(s) to these Articles of l corporation under the laws of the State of Flori	incorporation, natural person(s) compete da.	ent to contract, hereby form a
The name of the corporation is:	1 · CORPORATE NAME	ATTAIN SECTION OF SECT
Morgan Den-lal L	ab. Inc.	78 5
	CLE II - DURATION	
This corporation shall exist perpetually unless dis	ssolved according to Florida law.	
	CLE III - PURPOSE	μ.···· · · · · · · · · · · · · · · · · ·
The corporation is organized for the purpose of en United States and the State of Florida.	gaging in any activities or business perr	nitted under the laws of the
	IV - CAPITAL STOCK	•
The corporation is authorized to issue	shares (500) of	One
Dollar(s) (\$_/, (X)) par value Co	mmon Stock, which shall be designate	d "Common Shares."
	REGISTERED OFFICE AND AGEN	
The street address of the Initial Registered Agent of	office and the name of the Initial Regist	ered Agent at that office is:
NAME EREO! L. Muegan S	e	
ADDRESS 4179 James Street, Unit A-2		
an Port Chae to He	FLORIDA FC	ZIP 33980
The principal office, if known, or the mailing adr	ess of the corporation is:	
NAME MORRAD Dental hat	I. The.	
ADDRESS 4179 James SI	Unit A-2	
criv fort (melotte	FLORIDA F.C.	zr:33980
ARTICLE VI - INI	TIAL BOARD OF DIRECTORS	
This corporation shall have Off increased or diminished from time to time by the addresses of the initial director(s) of the corporati) directors initially. The number By-Laws, but shall never be less than on are as follows:	of directors may be either one (1). The names and
NAME Ello I L. Morcon SR.		
ADDRESS 18209 Bly ave		
conflor Charlotte	STATE FL	zır33748
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
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SEMINOLE-MIAMI 012593

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Errol L. Morrio Sc	-,	
ADDRESS 18209 Blue Cure.		
on Port Charlette.	STATE F-	21133948
NAMI!		
ADDRESS		
CITY	STATE	ZIP
NAMII		Al
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscribe day of, 19 <u>ClC</u> .	cr(s) have executed these Articles of	Incorporation this 15th (Scal)
-		(Scal)

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Moegan Den-lal Lab, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

Port Charber El 32000

has named <u>Ellol L. Morgon</u>, Se.

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

55 AFR 19 PK 12: 32

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