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TRANSMITTAL LETTER

FILED  
96 OCT 21 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

500001982425--4  
-10/22/96--01049--007  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: LEO'S DENTAL LAB, INC.  
(Proposed corporate name - must include suffix)

LEO'S DENTAL LAB, INC.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROM: LEOPOLD MARTIN  
Name (Printed or typed)  
316 NW 43RD AVENUE  
Address  
PLANTATION, FL 33317  
City, State & Zip  
( 954 ) 584 - 3042  
Daytime Telephone number

F. CHESSEB OCT 22 1996

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

# ARTICLES OF INCORPORATION OF

LEO'S 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:

LEO'S DENTAL LAB, INC.

## ARTICLE II PRINCIPAL OFFICE

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

316 NW 43RD AVENUE  
PLANTATION, FL 33317

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND SHARES (1,000).

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: LEOPOLD MARTIN  
316 NW 43RD AVENUE  
PLANTATION, FL 33317

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**ARTICLE V INCORPORATOR(S)**

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

LEOPOLD MARTIN  
316 NW 43RD AVENUE  
PLANTATION, FL 33317

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

15TH day of OCTOBER, 19 96.



LEOPOLD MARTIN, PRES. 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: LEO'S DENTAL LAB, INC.

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

LEOPOLD MARTIN

(Name)

316 NW 43RD AVENUE

(P.O. Box ~~not~~ acceptable)

PLANTATION, FL 33317

(City/State/Zip)

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*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.*

*L. P. Martin*  
(Signature)  
LEOPOLD MARTIN.

10/15/96