

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: Day Road Dental  
Laboratory, Inc.

|   | C.C. FEE. | DISBURSED |
|---|-----------|-----------|
| <input checked="" type="checkbox"/> Capital Express <sup>SM</sup> |           |           |
| <input checked="" type="checkbox"/> Art. of Inc. File             |           |           |
| <input type="checkbox"/> Corp. Record Search                      |           |           |
| <input type="checkbox"/> Ltd. Partnership File                    |           |           |
| <input checked="" type="checkbox"/> Foreign Corp. File            |           |           |
| <input checked="" type="checkbox"/> ( ) Cert. Copy(s)             |           |           |
| <input type="checkbox"/> Art. of Amend. File                      |           |           |
| <input type="checkbox"/> Dissolution/Withdrawal                   |           |           |
| <input type="checkbox"/> C U S-                                   |           |           |
| <input type="checkbox"/> Fictitious Name File                     |           |           |
| <input type="checkbox"/> Name Reservation                         |           |           |
| <input type="checkbox"/> Annual Report/Reinstatement              |           |           |
| <input type="checkbox"/> Reg. Agent Service                       |           |           |
| <input type="checkbox"/> Document Filing                          |           |           |
| <input type="checkbox"/> Corporate Kit                            |           |           |
| <input type="checkbox"/> Vehicle Search                           |           |           |
| <input type="checkbox"/> Driving Record                           |           |           |
| <input type="checkbox"/> Document Retrieval                       |           |           |
| <input type="checkbox"/> UCC 1 or 3 File                          |           |           |
| <input type="checkbox"/> UCC 11 Search                            |           |           |
| <input type="checkbox"/> UCC 11 Retrieval                         |           |           |
| <input type="checkbox"/> File No.'s, _____ Copies                 |           |           |
| <input type="checkbox"/> Courier Service                          |           |           |
| <input type="checkbox"/> Shipping/Handling                        |           |           |
| <input type="checkbox"/> Phone ( )                                |           |           |
| <input type="checkbox"/> Top Priority                             |           |           |
| <input type="checkbox"/> Express Mail Prep.                       |           |           |
| <input type="checkbox"/> FAX ( ) pgs.                             |           |           |

SUBTOTALS \_\_\_\_\_

|                                |    |
|--------------------------------|----|
| FEE.....                       |    |
| DISBURSED.....                 |    |
| SURCHARGE.....                 |    |
| TAX on corporate supplies..... |    |
| SUBTOTAL.....                  |    |
| PREPAID.....                   | \$ |
| BALANCE DUE.....               | \$ |

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 16% per Annum.

THANK YOU  
 from  
 Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAAP \_\_\_\_\_

WALK-IN Will Pick Up 1-27 300

ARTICLES OF INCORPORATION  
OF  
BAY ROAD DENTAL LABORATORY, INC.

FILED  
97 JAN 29 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned, do hereby incorporate myself for the purpose of becoming a corporation for profit under Florida law.

ARTICLE I

The name of the corporation is: BAY ROAD DENTAL LABORATORY, INC..

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

This corporation may make, construct, and manufacture, and supply all types of dental prosthetic appliances, fixed and removable. The corporation may also conduct other related enterprises and functions not prohibited by law.

ARTICLE IV

The aggregate number of shares which this corporation is authorized to issue is Ten Thousand (10,000), all of which shall be common shares with a par value of One Dollar (\$1.00) per share.

ARTICLE V

Each shareholder of any class of stock of this corporation shall be entitled to full preemptive rights to purchase any unissued or treasury shares of the corporation. Each shareholder of any class of stock of this corporation shall have full preemptive rights to purchase or acquire any shares held or owned by other shareholders of the corporation.

Each shareholder of any class of stock of this corporation

shall also be entitled to full preemptive rights to purchase any corporate securities carrying rights of subscription to, and/or acquisition of, any unissued or treasury shares.

ARTICLE VI

The business office of the corporation is: 3850 South Osprey Avenue, Suite 201, Sarasota, Florida 34239.

ARTICLE VII

The address of the registered office of the corporation is: 3850 South Osprey Avenue, Suite 201, Sarasota, Florida 34239. The name of the registered agent is: MICHAEL F. RISLEY.

ARTICLE VIII

The corporation's existence shall begin on that first day that it becomes legally qualified to transact business in Florida.

ARTICLE IX

The corporation may indemnify any officer or agent, when reasonable, to the fullest extent permitted by law.

ARTICLE X

The business of the corporation will be managed by the shareholders.

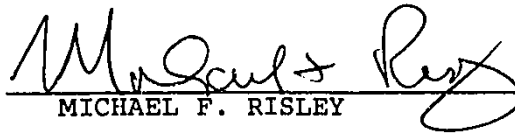
ARTICLE XI

The name and address of the incorporator is:

MICHAEL F. RISLEY  
c/o 3850 South Osprey Avenue  
Suite 201  
Sarasota, Florida 34239

3.

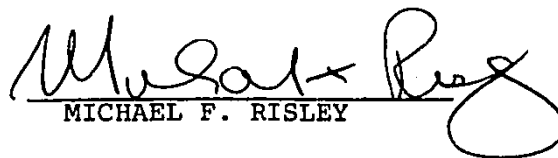
I HAVE SUBSCRIBED my name to these Articles of Incorporation for the purposes expressed herein, on this 27 of January, 1997.

  
MICHAEL F. RISLEY

BAY ROAD DENTAL LABORATORY, INC., pursuant to Florida law, establishing its registered office at the location designated in these corporate articles, has named MICHAEL F. RISLEY, 3850 South Osprey Avenue, Suite 201, Sarasota, Florida 34231, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above corporation at the location designated in the these articles, I hereby agree to act in this capacity, and I further agree to comply with Florida law.

  
MICHAEL F. RISLEY

FILED  
97 JAN 29 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA