

P97000059337

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6927  
Tallahassee, FL 32314

409 EAST GAINES ST.  
TALLAHASSEE, FL 32399

SUBJECT:

UNI-CAST DENTAL LAB, Inc.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$ 122.50.

500002231345--1  
-07/07/97--01110--008  
\*\*\*\*122.50 \*\*\*\*122.50

FROM:

NITRA CAPELATO

Name (printed or typed)

757 W. RIVERBEND DRIVE

Address

SUNRISE, FL. 33326

City, State, & Zip

(954) 389-9591

Telephone Number

Dmc  
7/8/97

STATE  
TALLAHASSEE, FLORIDA

97 JUL -7 PM12:23

FILED

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

ARTICLES OF INCORPORATION

FILED

97 JUL -7 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

UNICAST 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: UNICAST DENTAL LAB, INC.

ARTICLE II PRINCIPAL OFFICE

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

257 W. RIVERBEND DRIVE  
SUNRISE, FL. 33326

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES (NO PAR VALUE)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NITZA CAPELLO  
257 W. RIVERBEND DRIVE  
SUNRISE, FL. 33326

**ARTICLE V INCORPORATOR(S)**

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

NITZA CAPELUTO  
257 W. RIVERBEND DRIVE  
SUNRISE, FL. 33326

PRESIDENT, SECTY.-TREAS, DIRECTOR &  
ORIGINAL INCORPORATOR

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

21 day of May, 19 97.

Nitza Capeluto  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation**  
**Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the under-  
signed 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: UNICAST DENTAL LAB, Inc.

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

NITZA CAPELUTO  
(Name)

257 W. RIVERBEND DRIVE  
(P.O. Box NOT acceptable)

SUNRISE, FL. 33326  
(City/State/Zip)

*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.*

SIGNATURE

Nitza Capeluto

DATE

5/21/97

**REGISTERED AGENT FILING FEE: \$35.00**

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

FILED  
JUL - 7 PM 12:23  
TALLAHASSEE  
STATE OF FLORIDA