#### UNITED FINANCIAL BUSINESS SERVICES, INC.

620 Cranes Way, Suite #207 Altamonte Springs, FL 32701

7000070052 RONALD LAURIA, MBA, CTP

Phone (407) 331-0576 Fax (407) 331-0729 Mobile (407) 256-3228

July 30, 1997

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

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: THE DENTAL GALLERY PROSTHETICS LABORATORY, INC.

Enclosed please find an original and one (1) copy of the incorporation for the above corporation and a check in the amount of \$70.00.

From:

United Financial Business Services Att: Ronald G. Lauria 620 Cranes Way # 207 Altamonte Springs, Fl 32701 (407) 331-0576

AUG 13 1: 35B

## ARTICLES OF INCORPORATION

### **FOR**

#### THE DENTAL GALLERY PROSTHETICS LABORATORY, INC.

ARTICLE I NAME

The name of the corp. shall be: THE DENTAL GALLERY PROSTHETICS LABORTORY, INC. ARTICLE II DURATION

This corporation shall have perpetual existence commencing on the date of the Articles with

This corporation shall have perpetual existence commencing on the date of the Articles with the Department of State.

#### ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may be amended.

#### ARTICLE IV INITIAL OFFICE

The principal place of business & mailing address shall be: 2210 BAKER AVE. ORLANDO, FL 32833

#### ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 5,000 shares of One Dollar (\$1.00) par value common stock which shall be designated as "Common Shares."

#### ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: NEFTALI MUNOZ 2210 BAKER AVE. ORLANDO, FL 32833

#### ARTICLE VII PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his prorata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLES OF INCORPORATION

### **FOR**

# THE DENTAL GALLERY PROSTHETICS LABORATORY, INC. (Continued)

#### ARTICLE VIII INITIAL BOARD OF DIRECTORS & INCORPORATOR

This corporation shall have two directors constituting the initial Board of Directors. The number of directors may be either increased of decreased from time to time by the by-laws; however, there shall never be less than one director. The name and address of the initial Director and the incorporator signing these papers is:

PRESIDENT

SECRETARY/TREASURER

NEFTALI MUNOZ 2210 BAKER AVE. ORLANDO. FL 32833 SUNDRA MUNOZ 2210 BAKER AVE. ORLANDO, FL 32833

#### ARTICLE IX INDEMNIFICATION

The corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

#### ARTICLE X AMENDMENTS

This corporation reserves the right to amend or repeal any provision contained in these articles of incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the stockholders is subject to this reservation.

#### ARTICLE XI SPECIAL PROVISIONS

The stock of this corporation is intended to qualify under the requirements os Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary shall be deemed to have been taken by the appropriate officer to accomplish compliance.

The undersigned have executed the Articles of Incorporation this 30th day of July 1997.

Signature/Title

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President

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

Pursuant to the provision of section 607.0501, 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: THE DENTAL GALLERY PROSTHETICS LABORTORY, IN
- 2. The name and address of the registered agent and office is:

NEFTALI MUNOZ 2210 BAKER AVE. ORLANDO, FL 32B33

SIGNATURE:

TITLE: \_\_\_\_

DATE: 7/30/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CER-TIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

DATE:

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