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TRANSMITTAL LETTER

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

200002280992--3  
-08/29/97--01061--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: STAR DENTAL LAB INC  
(Proposed corporate name - must include suffix)

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

Please return the photocopy to me with the filing date stamped on it.

FROM:

Kim Box

Name (printed or typed)

6791 South US2

Address

Port St. Lucie FL 34952

City, State & Zip

561 489 6777

Daytime Telephone Number

FILED  
DIVISION OF STATE  
CORPORATIONS  
97 AUG 29 AM 8:54

9/2/97

## Articles of Incorporation

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CORPORATIONS  
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1. The name of the corporation shall be:

STAR DENTAL LAB INC.

2. The principal place of business and mailing address of the corporation is:

6791 SOUTH US HIGHWAY 1 PORT ST. LUCIE FLORIDA 34952

3. The corporation shall have the authority to issue 1,000 shares of stock.

4. The registered agent of the corporation is KIM BOX and the registered street address is 6791 SOUTH US HIGHWAY 1 PORT ST. LUCIE Florida 34952.

5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: STEVE DEPIRRO, 749 NW FLORESTA DR, PORT ST. LUCIE FLORIDA 34984

KIM BOX, 6453 OLD DIXIE HIGHWAY, FORT PIERCE FLORIDA 34946

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is STEVE DEPIRRO whose street address is 749 NW FLORESTA DR, PORT ST. LUCIE FLORIDA 34984

Dated 8/16/97

Stephen Depirro  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 8-16-97

Kim Box  
Registered Agent