

P97000105892

Quality Dental Studio
1310 W. Colonial Dr.
Suite #2
Orlando, FL 32804

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 16 AM 10:20

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

12-17-97
WS

STATE OF FLORIDA
CERTIFICATE OF INCORPORATION

OF
QUALITY DENTAL STUDIO, INC.

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We, the undersigned, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of the general corporation law of the State of Florida, do hereby certify as follows:

First: The name of the corporation is *QUALITY DENTAL STUDIO, INC.*

Second: The registered office of the corporation and place of business in the State of Florida is 1310 W. Colonial Blvd, Suite 2, City of Orlando, County of Orange.

Third: The nature of the business, and the objects and purposes proposed to be transacted, promoted and carried on, are to engage in the Manufacturing and Whole Sale of "Dental Prothesis" including but not limited to the products therein mentioned, as fully and to the same extent as natural persons might or could do, directly or indirectly, to promote the interest of the corporation and to provide the customers with the best service and products, with a clear understanding as to our business policies.

To do any lawful act or thing for which corporations may be organized under the Stock Corporation Act of the State of Florida.

Fourth: The total number of shares which the corporation is authorized to issue is 1,000 common no par value.

Fifth: The name and address of each incorporator(s) are as follows:

Elaudivette Fernandez 3911 Pelican Lane Orlando, Fl 32803

Katherine Tomerlin 3911 Pelican Lane Orlando, Fl 32803

Sixth: The Directors shall have the power to make and to alter or amend the By-laws; to fix the amount to be reserved as working capital, and to authorize and cause to be executed, mortgages and liens without limits as to the amount, upon the property and franchises of this corporation.

- 2 -


With the consent in writing, and pursuant to a vote of the holders of a majority of the capital stock issued and outstanding, the Directors shall have the authority to dispose, in any manner, of the whole property of this corporation.

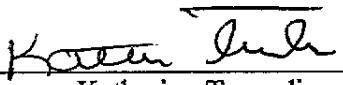
The By-laws shall determine whether and to what extent the accounts and books of this corporation, or any of them, shall be open to the inspection of the Stockholders.

The Stockholders and Directors shall have the power to hold their meetings and keep the books, documents and papers of the corporation outside the State of Florida as may be, from time-to-time, necessary and designated by the laws of the State of Florida.

It is the intention that the objects, purposes and powers specified in the third paragraph, be nowise limited or restricted by reference to or inference from the terms of any other clause or paragraph in this certificate of incorporation, but that the objects, purposes and powers specified in the third paragraph and each of the clauses or paragraphs of this Charter shall be regarded as independent objects, purposes and powers.

In witness whereof, I(we) have hereunto set my (our) hand(s) and seal this 11th
day of DECEMBER, 1997.


Elaudivette Fernandez
Incorporator


Katherine Tomerlin
Incorporator

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

PURSUANT TO THE PROVISIONS 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: QUALITY DENTAL STUDIO, INC.

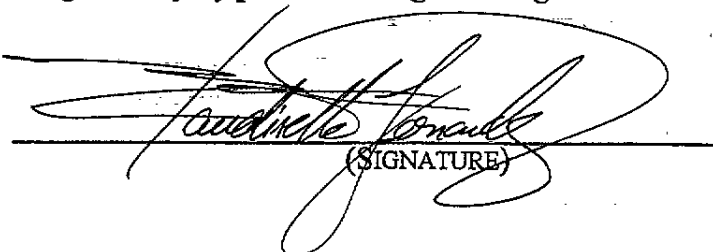
2. The name and address of the registered agent and office is:

ELAUDIVETTE FERNANDEZ
(NAME)

3911 PELICAN LANE ORLANDO, FL 32803
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

(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)

12/11/97
(DATE)

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