POSCIETAL LETTERS 823

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

400002479794--- 2 -04/06/98--01060--016 ****122.50 ****122.50

| | (proposed corporate name) | | | |
|-------------------------------------|---|------------|-----------|---|
| Enclosed is an origing for \$122.50 | nal and one (1) copy of the articles of incorporation | and our | · ched | k |
| FROM: | Brian L. Blackwell | | | |
| | Name 206 Tumblin Kling Road Address | | . 98 | |
| | Fort Pierce, Florida 34982 City, State, & Zip × 561 - 340 - 3795 | CRETARY OF | APR -6 AM | |
| | Telephone Number | FLORID | 111:54 | |

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

SUBJECT: Blackwell Dental Lab, Inc.







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OF



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, to become effective as of April 1, 1998:

ARTICLE I NAME

The name of the corporation shall be:

Blackwell Dental Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

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

489 S. W. Port St. Lucie Blvd. Port St. Lucie, Florida 34953

ARTICLE III SHARES

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

FIVE HUNDRED SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brian L. Blackwell 206 Tumblin Kling Road Fort Pierce, Florida 34982

ARTICLE V INCORPORATOR(S)

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

Brian L. Blackwell 206 Tumblin Kling Road Fort Pierce, Florida 34982

PURPOSES: To engage in the manufacture of dentures and any and all services connected with such work.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

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

Signature

day of April , 1998

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

| e name of the corporation is: | |
|---|---|
| Blackwell Dental Lab, Inc. | |
| e name and address of the registered agent and office is: | |
| Brian L. Blackwell (NAME) | TASE |
| 206 Tumblin Kling Rd. | PR-6 |
| (P. O. BOX <u>NOT</u> ACCEPTABLE) | AHII: 54 |
| Fort Pierce, Florida 34982 (CITY/STATE/ZIP) | RIDE |
| | Blackwell Dental Lab, Inc. e name and address of the registered agent and office is: Brian L. Blackwell (NAME) 206 Tumblin Kling Rd. (P. O. BOX NOT ACCEPTABLE) |

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 TIBLE |
|-----------------|
| |
| DATE: X |