

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 1227  
Tallahassee, FL 32314

**SUBJECT:** Florida Dental Lab Corporation  
(Proposed corporate name - must include suffix)

900002749419--5  
-01/21/99--01045--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Stephen DePirro  
Name (Printed or typed)

749 NW Floresta Dr  
Address

Port St. Lucie, FLA 349  
City, State & Zip

561 489-6777  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

FILED  
99 JAN 19 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
99 JAN 21 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION  
OF**

Florida Dental Lab Corporation  
(Name of Corporation)

FILED  
99 JAN 21 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE FL 32301

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE 1: NAME**

The name of the corporation shall be: Florida Dental Lab Corporation

**ARTICLE 2: PRINCIPAL PLACE OF BUSINESS**

The principal place of business of this corporation shall be (give street address and zip code): 749 NW FIORESTA DR. PORT ST. LUCIE FL 34983

**ARTICLE 3: SHARES**

All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000

**ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE**

The name of the initial registered agent is STEPHEN P. DEPIRRO

whose registered office is located at the place of business stated in Article 2 above.

**ARTICLE 5: INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

STEPHEN P. DEPIRRO  
749 NW FIORESTA DR  
PORT ST. LUCIE, FL 34983

The undersigned incorporator has executed these Articles of Incorporation this 16  
Day of JANUARY, 19 99.

Stephen P. DePirro  
Signature

Articles of Incorporation  
Filing Fee — \$35.00

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional association is: FLORIDA  
Dental LAB CORPORATION

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

STEPHEN P DePIKRO  
Full name

749 NW Floresta Dr.  
Address (P.O. Box not acceptable)

Port St. Lucie, FL 34983  
City, State, and 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.

Stephen P. DePirro  
SIGNATURE OF REGISTERED AGENT

1-11-99  
DATE

Designation of Registered Agent  
Filing Fee — \$35.00

99 JAN 21 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED