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

2000002885042--05/25/99--01016--006 ****117.50 *****87.50

SUBJECT:	ALPHA	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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

587.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: AN TRANG MAI
Name (Printed or typed)

3505-6 SOUTHSIDE BLUD.

JACKSONVILLE

(904) 620 - 0206 og Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 28, 1999

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AN TRANG MAI 3505-6 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216

SUBJECT: ALPHA DENTAL LAB, INC.

Ref. Number: W99000012576

We have received your document for ALPHA DENTAL LAB, INC. and your check(s) totaling \$117.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

It is not necessary to file the Ficititious Name Registration with our office. Since you are filing as a Corporation using the same name. If you still would like to file the Fictitious Name then you will need to send and additional \$20.00 dollars. The fee for filing a Fictitious Name is 50.00.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 999A00029556

ARTICLES OF INCORPORATION	
The undersigned incorporator, for the purpose of formi	as a corneration under the Florida Co
Business Corporation Act, hereby adopts the following	Articles of Incorporation.
ARTICLE I NAME	
The name of the corporation shall be:	
ALPHA DENTAL LAB., IN	IC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address	of this corporation shall be:
3505_6 SOUTHSIDE BLUD.	-
JACKSONVILLE, FL. 32216	(904) 620-0206 OR 620-0207
ARTICLE III SHARES	
The number of shares of stock that this corporation	is authorized to have outstanding at any one time is:
2	
ARTICLE IV INITIAL REGISTERED	AGENT AND STREET ADDRESS
The name and Florida street address of the initial re-	gistered agent are:
AN TRANG MAI	The second secon
3154 MISTY CLEEK LN.	
JACKSONULLE FL. 32216 ARTICLE V INCORPORATOR	± 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1
The name and address of the incorporator to these	Articles of Incorporation are:
AN TRANG MAI	HONG KI KIM
X	4410 MILLSTONE CT.
	JACKSONUILLE, FL. 32257
	=1 = 1
/ huhanflar / flang h. h.	6/02/99
Signature/incorporator	Date
· ·	

(An additional article must be added if an effective date is requested.)

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

Arnanua 6/02/99
Signature/Registered Agent Date

Jacksonville 6/2/99

I hereby am familar with and accept the duties and responsibilities of Registered Agent.

yw her

Maykar

99 JUN 21 PM 1:55
SECRETARY OF STATE
SECRETARY OF STATE