

COVER LETTER

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

SUBJECT: Designer Smiles Mission, 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: C & C Corporate Holding Group Inc.
Name (Printed or typed)
DBA The Institute of Volumetric Imaging
316 Groveland St.
Address
Orlando, FL 32804
City, State & Zip
407-894-3571
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 19 AM 10:18

ARTICLE I NAME

The name of the corporation shall be:

Designer Smiles Mission Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

316 Groveland St. mailing: 992 Turkey Hollow Circle
Orlando, FL 32804 Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide emergency dental care for the poor, homeless, and less fortunate communities in Latin America.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the President of the corporation.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Diego L. Ospina D.M.D. - President
Maria Catherine Ospina - Vice President + Gabriella Ospina - Secretary to the Vice President
Sally Rodriguez - Chief Operating Officer and treasurer
Emelia Ospina - secretary of the corporation

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maria Catherine Ospina
324 Henkel Circle
Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sally Rodriguez
992 Turkey Hollow Circle, Winter Springs, FL 32708

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

5/13/08

Date



Signature/Incorporator

5/13/08

Date