

N0800000 4861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

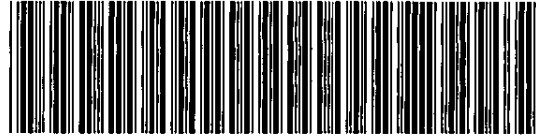
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700129585527

05/19/08--01025--012 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 19 AM 10:17

EP 5/20/08

**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