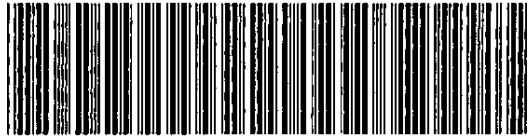


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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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W11-37135

am - 1/1/11



WHITE & healthy

June 28, 2011

Florida Department of State
Division of Corporations
Attn: Justin Shivers

Via Facsimile: (850) 245-6804

Re: Waiver for use of the name
Dr Nick's White & Healthy
Tracking No. 000209373970

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Justin,

I, Nicholas M. Kavouklis, owner and registered agent for Dr Nick's White and Healthy, LLC hereby waive the rights to our corporate name. I am waiving the naming rights in order to start another company of which I am the owner and registered agent called Dr Nick's White and Healthy, Inc.

Nicholas M Kavouklis

6.28.11

Date

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me this 28 day of June, 2011, by Nicholas M. Kavouklis. Personally Known X OR Produced Identification _____
Type of Identification Produced _____

Notary Signature:

Notary Name:

Laurel A DePaul



Laurel A. DePaul
COMMISSION #EE092427
EXPIRES: MAY 10, 2015
WWW.AARONNOTARY.COM

COVER LETTER

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

SUBJECT: DR NICK'S WHITE & HEALTHY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: NICHOLAS M KAVOUKLIS
Name (Printed or typed)

4010 W STATE ST
Address

TAMPA, FL 33609
City, State & Zip

(813) 864-0623
Daytime Telephone number

JPARSLOW@ARGUSTEAM.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2011

NICHOLAS M KAVOUKLIS
4010 W STATE ST
TAMPA, FL 33609

SUBJECT: DR NICK'S WHITE AND HEALTHY, INC
Ref. Number: W11000037135

We have received your document for DR NICK'S WHITE AND HEALTHY, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

It appears that the word HEALTHY in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled HEALTHY. If you did not misspell this word intentionally, please correct the spelling to read HEALTHY and resubmit the document for processing.

Please return the corrected 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) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 311A00016738

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME DR NICK'S WHITE & HEALTHY, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4010 W STATE ST
Address: TAMPA, FL 33609
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Dr Nick's White & Healthy, Inc will be a dental office providing dental services to its clients.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

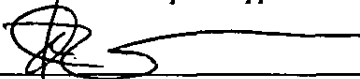
Name and Title: NICHOLAS M KAVOUKLIS, PRES	Name and Title: _____
Address: 4010 W STATE ST	Address: _____
TAMPA, FL 33609	_____
_____	_____
Name and Title: JEFFREY E PARLOW, CEO	Name and Title: _____
Address: 4010 W STATE ST	Address: _____
TAMPA, FL 33609	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: NICHOLAS M KAVOUKLIS
Address: 4010 W STATE ST
TAMPA, FL 33609

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JEFFREY E PARLOW
Address: 4010 W STATE ST
TAMPA, FL 33609

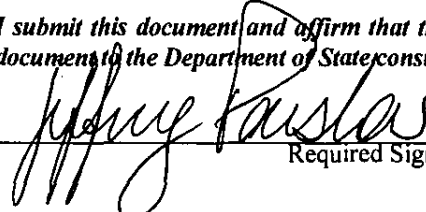
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DIVISION OF CORPORATIONS
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept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



Required Signature/Registered Agent
Date: 07/15/2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator
Date: 07/15/2011