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Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SMILE! LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
SMILE! LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I
Name

The name of the Limited Liability Company is SMILE! LLC.

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is:

701 South Rosemary, Suite 313
West Palm Beach, Florida 33401

ARTICLE III
Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

JONES FOSTER SERVICE, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, Florida 33401

ARTICLE IV
Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE V
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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The Limited Liability Company shall commence its existence upon the date of execution of these Articles of Organization pursuant to Florida Statutes 608.409(1), providing that a Limited Liability Company's existence may begin up to five days before the filing with the Secretary of State.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Date:

8/30/05

David E. Bowers,
(Authorized Representative of Manager)

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That SMILEI LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named as Registered Agent and to accept service of process for the above-stated Limited Liability Company 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 as provided for in Chapter 608, F.S.

JONES FOSTER SERVICE, LLC,



David Bowers, Manager
Registered Agent

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