N960000626/

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

4CHODG2O,23714--1

SUBJECT: WE ARE SMILING (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 \$\$122.50 \$\$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy & Certified Copy & Certificate
FROM: Daniel S. Tantleff Name (Printed or typed) 11900 Biscayne Blvd. Svite 700 Address
North Migmi, FL 33181
NOTE: Please provide the original and one copy of the articles.
The site of Igniai and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

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		ARTICLE II	SE A SE	- 230 95	
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ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To provide braces for teeth to children whose parents can not afford the braces, and other legal purposes to benefit children.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The manner shall be stated in the Dylaws.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Daniel S. Tantleff 1900 Biscayne Blvd. Svite 200 North Migmi FL 33181

The undersigned incorporator has executed these Articles of Incorporation this 5 day of December, 1996.

Signature of Incorporator:

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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(m)	est include auflic	<u> ~ NC.</u>

2. The name and address of the registered agent and office is:

1. The name of the corporation is:

Matthen Schlichte

(NAME)

(NAME)

(P.O. Box or Mail Drop Bok NOT ACCEPTABLE)

HOLYWOOD FL 33020

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all captutes 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.

Metal bount.
(SIGNATURE)

12-5-9 (DATE)