

P03000 114152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

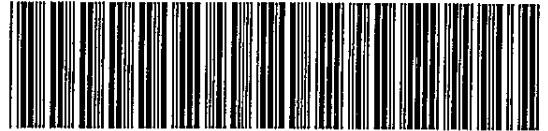
(Business Entity Name)

(Document Number)

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03 OCT 10 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS/SLK  
10/15/03

**TRANSMITTAL LETTER**

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

**SUBJECT:** SHILLING ORTHODONTICS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

**FROM:** GELBER AND COMPANY

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Name

11450 INTERCHANGE CIRCLE NORTH

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Address  
MIRAMAR, FL 33025

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City, State & Zip

954-435-4222

---

Daytime Telephone number

FILED  
10/15/03

**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

**SHILLING ORTHODONTICS, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**7715 SW 86<sup>TH</sup> STREET, A2-109  
MIAMI, FL 33156**

**ARTICLE III PURPOSE**

**The purpose for which the corporation is organized is: ORTHONDONTICS**

The number of shares of stock is: 100

**ARTICLE V REGISTERED AGENT**

The **name and Florida street address** of the registered agent is:

**HAROLD THOMAS SHILLING  
7715 SW 86<sup>TH</sup> STREET, A2-109  
MIAMI, FL 33156**

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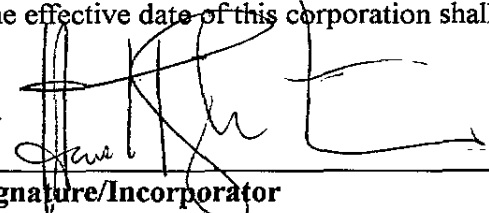
ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**HAROLD THOMAS SHILLING**  
7715 SW 86<sup>TH</sup> STREET, A2-109  
MIAMI, FL 33156

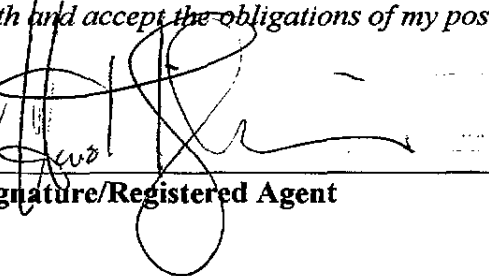
ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be: **OCTOBER 15, 2003**

✓   
\_\_\_\_\_  
Signature/Incorporator

10/1/03  
\_\_\_\_\_  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

✓   
\_\_\_\_\_  
Signature/Registered Agent

10/1/03  
\_\_\_\_\_  
Date