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To: Division of Corporations
Fax Number : (850)203-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

SONRIA DENTAL PLAN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I

The initial name and address of this corporation shall be:

SONRIA DENTAL PLAN, INC.
11790 SW 89 ST
MIAMI, FL 33186

ARTICLE II

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE III

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

<u>Number of Shares Authorized</u>	<u>Par Value Per Share</u>	<u>Class of Stock</u>
1000	\$1.00	Common

ARTICLE IV

The name and address of the initial registered agent is:

ANAMARIA BONILLA
13280 SW 88 LANE
APT 205
MIAMI, FL 33186

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S. J.
BONILLA

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ARTICLE V

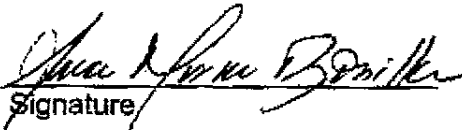
The name and street address of the incorporator to this Articles of Incorporation is:

ANAMARIA BONILLA – Director

13280 SW 88 LANE
APT 205
MIAMI, FL 33186

The undersigned incorporator have executed these Articles of Incorporation

This 18th day of August , 2004.


Signature

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

1. The Name of the corporation:

SONRIA DENTAL PLAN, INC.

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

ANAMARIA BONILLA
13280 SW 88 LANE, APT 205
MIAMI, FL 33186

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SECTION 1
COMM. DIV.

Signature

Ana Maria Bonilla

Title

DIRECTOR

Date

8/18/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Ana Maria Bonilla

Date

8/18/04