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To:
     Division of Corporations
     Fax Number      : (850)205-0381

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.

SMILE'S DENTAL CLINIC INC.

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TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
OF

SMILE'S DENTAL CLINIC INC.

The undersigned incorporates, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of incorporation.

ARTICLE I NAME

The name of the incorporation shall be: SMILE'S DENTAL CLINIC INC.

The principal place of business of this corporation shall be:

4300 WEST FLAGLER STREET #201, MIAMI, FL. 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, country, territory or nation.

ARTICLE III CAPITOL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have out standing at any one time is Five Hundred (500) shares of One Dollar ($1.00) per value common stock, which shall be designated "Common Shares".

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successors (s) is (are) elected, is (are):

BETTY RIOS -President
4300 WEST FLAGLER SR. # 201
MIAMI, FL. 33134

WILLIAM FIERRO-Vicepresident
4300 WEST FLAGLER SR. # 201
MIAMI, FL. 33134

CESAR A. TAFUR -Secretary
4300 WEST FLAGLER SR. # 201
MIAMI, FL. 33134

FLORIDA IMMIGRATION
7309 WEST FLAGLER ST
MIAMI, FL 33144
TEL. 305-260-0214

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ARTICLES VI INCORPORATOR(S)

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

BETTY E. RIOS-President
4300 WEST FLAGLER ST. # 201
MIAMI, FL. 33134

IN WITNESS WHEREOF, the undersigned incorporator (s) has(have) executed these Articles of incorporation this **02** day of September , 20 **04**.

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION
REGIDTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Section 607.325, Florida Statues, the undersign corporation, organized under the Laws of the States of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

SMILE'S DENTAL CLINIC INC.

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

BETTY E. RIOS-President

4300 WEST FLAGLER ST. # 201

(P.O. BOX ACCEPTABLE)

MIAMI, FL. 33134

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

TITLE PRESIDENT

DATE 09-02-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREEE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OFMY DUTIES

SIGNATURE

DATE 09-02-04