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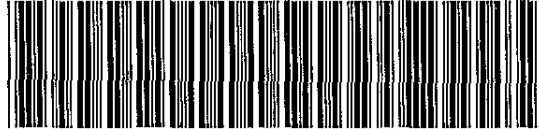
(Business Entity Name)

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TALLAHASSEE, FLORIDA
1-2-8

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NORTHWEST FAMILY DENTAL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

NORTHWEST FAMILY DENTAL, INC.

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION KNOWN TO BE NATURAL PERSONS COMPETENT TO CONTRACT, HEREBY ORGANIZE AND INCORPORATE A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION IS:

NORTHWEST FAMILY DENTAL, INC.

ARTICLE II. NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATE AND OF THIS STATE.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARE OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$ 5.00 PER SHARE.

ARTICLE IV. INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS
IS: \$ 1,000.00

ARTICLE V. ADDRESS

THE INITIAL POST OFFICE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS.

1250 NW 119 STREET, MIAMI, FLORIDA 33167

THE BOARD OFFICERS MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

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TALLAHASSEE, FLORIDA

ARTICLE VI. DIRECTORS

THIS CORPORATION SHALL HAVE 2 OFFICERS INITIALLY. THE NUMBER OF OFFICERS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME TO OR NOT SO INTERESTED.

ARTICLE VII. INITIAL OFFICERS AND DIRECTORS

THE NAME AND POST OFFICE ADDRESSES OF NUMBER OF THE FIRST BOARD OF OFFICERS ARE:

EVELYN ALDAMA-ESPINOSA 1250 NW 119 STREET, MIAMI FL 33167

ONIEL ESPINOSA 1250 NW 119 STREET, MIAMI, FL 33167

THE INITIAL OFFICERS OF THIS CORPORATION ARE:

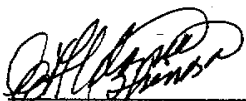
EVELYN ALDAMA-ESPINOSA PRESIDENT/DIRECTOR 50%

ONIEL ESPINOSA - VICEPRESIDENT 50%

ARTICLE IX. AMENDMENTS

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY IT TO THE STOCKHOLDERS AND APPROVED AT THE STOCKHOLDERS' MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALL DIRECTORS AND ALL THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE.

IN WITNESS THEREOF, THE UNDERSIGNED HAVE HEREUNTO SET THEIR HANDS AND SEAL AND HAVE ACKNOWLEDGED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE OF FLORIDA AS SUBSCRIBERS OF THE FOREGOING ARTICLES OF INCORPORATION THE 29TH DAY JUNE, 2005.



EVELYN ALDAMA-ESPINOSA



ONIEL ESPINOSA

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 IS

NORTHWEST FAMILY DENTAL, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

EVELYN ALDAMA-ESPINOSA

1250 NW 119 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33167

(CITY / STATE / ZIP)

SIGNATURE



EVELYN ALDAMA-ESPINOSA

TITLE

PRESIDENT

DATE

JUNE 29, 2005

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE 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, STATUTES.

SIGNATURE



EVELYN ALDAMA-ESPINOSA

DATE

JUNE 29, 2005

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TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE:

\$20.00