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CORPORATE FILING SE	RVICE	
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CORPORATION NAME(S) & DOC		
1. DSI DENTAL SOL	UTIONS, IN	(C,
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name Fictitious Name Limited Pa Reinstatem Trademark Other		

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

DSI DENTAL SOLUTIONS, INC.

ARTICLE II - PRINCIPAL OFFICE

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

7041 NW. 5Th. STREET PLANTATION 33317 FLORIDA

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

AGDA BRAGA BARREDA ZARATE

7041 NW. 5Th. STREET PLANTATION 33317 FLORIDA

ARTICLE V - INCORPORATOR

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

AGDA BRAGA BARREDA ZARATE 7041 NW. 5Th. STREET PLANTATION 33317 FLORIDA

The undersigned incorporator has executed these Articles of Incorporation this day of 2005.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

AGDA BRAGA BARREDA ZARATE - PRESIDENT 7041 NW. 5 Th. STREET PLANTATION 33317 FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature