

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

# FLORIDA PROFIT/NON\_PROFIT CORPORATION

## SmilePro, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

SmilePro, Inc

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5 Clear Lane

Ocala, Florida 34472

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

## ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT & TREASURER:

Tonya V Davis

PO BOX 180

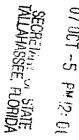
Sparr, Florida 32192

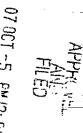
VICE-PRESIDENT & SECRETARY:

Claudette Nichols

5 Clear Lane

Ocala, Florida 34472





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SMILEPRO, INC

#### ARTICLE VI REGISTERED AGENT

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

Tonya Davis

1542 East Hwy 329

Citra, Florida 32113

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Claudette Nichols

5 Clear Lane

Ocala, Florida 34472

\*

Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

TONYA DAVIS/ REGISTERED AGENT

DATE

10-4-07

CLAUDETTE NICHOLS/ INCORPORATOR

DATE

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10-4-07