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Florida Department of State
Division of Corporations
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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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

07 OCT -5 PM 12:00

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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/mailling 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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TALLAHASSEE FLORIDA

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

10-4-07

DATE



CLAUDETTE NICHOLS/ INCORPORATOR

10-4-07

DATE

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