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To:

Division of Corporations

Fax Number

: (B50)617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870

Fax Number : (850)224-7047

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# FLORIDA PROFIT/NON PROFIT CORPORATION

LESLIE SMILES AGAIN, INC.

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NO. 8061 FILED

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# ARTICLES OF INCORPORATION SECRETARY OF STATE FLORIDA OF

## LESLIE SMILES AGAIN, INC.

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

#### ARTICLE I: NAME

The name of the corporation is LESLIE SMILES AGAIN, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business of the corporation is 18141 SW 142 Place, Miami, FL 33177.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$.001) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Judd Aronowitz, P.A., 1570 Madruga Ave., Suite 311, Coral Gables, Florida 33146.

#### ARTICLE V: OFFICERS AND DIRECTORS

The name and address of the initial Officer and Director of this Corporation is: Mark K. Myers, Director, 18141 SW 142 Place, Miami, FL 33177

#### ARTICLE VI: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

#### ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 28th day of July 2008.

Your Capital Connection, Inc. by Weimar Lopez, Client Representative

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# SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### CERTIFICATE OF DESIGNATION

## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: LESIE SMILES APAIN, INC
2. The name and street address of the registered agent and office is:
JUDD ARONOWITZ P.A.  1570 MADRUGA AVE.  SUITE 311
CORAL GABLES, FLORIDA 33146
HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THIS PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPTABLE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.