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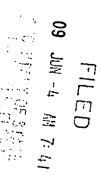
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Smile On Inc		
	(PROPOSED CÓRPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Jennifer Duk Name	PINO (Printed or typed)	
<u></u>	22267 Solity	de DY Address	
	Boca Raton City,	FL 33428 State & Zip	
	561 400 - 00 Daytime 7	Celephone number	
	E-mail address: (to be use	or occeptive. C	notification)

NOTE: Please provide the original and one copy of the articles.

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: Smile On, Inc ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 22267 Solitude Dr ARTICLE III PURPOSE The purpose for which the corporation is organized is: Dental products distributor ARTICLE IV SHARES The number of shares of stock is: 42 INITIAL OFFICERS AND/OR DIRECTORS Yoram Bir-dir 55 Beer Ganim St Even Yeuda 40500 List name(s), address(es) and specific title(s): Eli Golan-dir Jennifer Dubling-dir 2267 Solitude Dr 30 Kehilat Bavel St Doca Raton, FL 33428 Ramat Hasharon 47322 27267 Solitude Dr ARTIČLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Jennifer Dublino 22267 Solitude Dr Boca Raton FL 33428 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jennifer Dublino 22267 Solitude Dr Boca Reton, FL 33428 Having been named as registered agent to accept service of process for the above stated 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