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FLORIDA PROFIT/NON PROFIT CORPORATION

BRIGHT SMILES GROUP CORP.

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ARTICLES OF INCORPORATION
OF
BRIGHT SMILES GROUP CORP.

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The undersigned incorporator(s), for the purpose of forming a Professional Services Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I: NAME

The name of the Corporation shall be: BRIGHT SMILES GROUP CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Corporation shall be: 8160 W 28TH. CT., UNIT 104, HIALEAH, FL. 33018

ARTICLE III: PURPOSE

The purpose of this Corporation shall be: DENTAL OFFICE

ARTICLE IV: CAPITAL STOCK


The number of shares of stock that this Corporation is authorized to have outstanding at anyone time is : one thousand (1000) shares having and individual par value of ONE DOLLAR (\$1.00) each.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is: Judith Cruz DMD., 8160 W 28TH. CT., UNIT 104, HIALEAH, FL. 33018

ARTICLE VI: BOARD OF DIRECTOR(S)

The name and address of the initial Board of Directors shall be:


Judith Cruz, DMD
President/Secretary/Director
8160 W 28TH. CT., UNIT 104,
HIALEAH, FL. 33018

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ARTICLE VII: OFFICER(S)

The name, title and address of the Officers of this Corporation shall be:

Judith Cruz, DMD
President/Secretary/Director
8160 W 28TH. CT., UNIT 104
HIALEAH, FL. 33018

ARTICLE VIII: INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

Judith Cruz, DMD
8160 W 28TH. CT., UNIT 104
HIALEAH, FL. 33018


The undersigned has (have) executed these Articles of Incorporation this _____ day of August, 2009.


Judith Cruz DMD
Incorporator

**CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

---Having been named as Registered Agent and to accept services of process of the above stated Corporation at the place designated in the Articles of Incorporation, I Hereby accept the appointment as Registered Agree to act in this capacity.

---I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Judith Cruz DMD
REGISTERED AGENT

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