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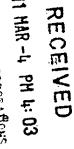
FLORIDA PROFIT/NON PROFIT CORPORATION SMILE DENTAL CENTER CORP.

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11 MAR - 4 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE OF INCORPORATION

<u>O</u>F

SMILE DENTAL CENTER CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SMILE DENTAL CENTER CORP.

The principal place of business of this corporation shall be:
765 B. 9 ST.
HIALRAH, FL. 33010

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE Y OFFICERS DIRECTORS

SECRETARY OF STATE TALLAHASSEE FLORIDA

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ROSA M. SOLER 8560 NW. 169 TERRACE MIAMI LAKES, FL. 33016

DIRECTOR

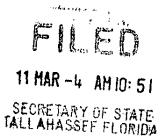
ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ROSA M. SOLER 8560 NW. 169 TERRACE MIAMI LAKES, FL, 33016

PRESIDENT

The undersigned has (have) extion this 4 th. DAY OF MAN	Recu ted these Article of Incorpora
	* D
	Signature/Title
	•
•	Signature/Title
	Signature/Title



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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:
	SMILE DENTAL CENTER CORP.
	,
2.	The name and address of the registered agent and office
	is ROSA M. SOLIR
	(Name)
	765 E. 9 ST.
	(P. O. BOX NOT ACCEPTABLE)
	HIALEAH, FLORIDA 33010
	(CITY/STATE/ZIP)
	ing been named as registered agent and to accept service Process for the above stated corporation at the place desi
AS R	REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR
CHER	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
	ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES
	I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY TION AS MY POSITION AS REGISTERED AGENT.
.007	TION AS MI FOSTITON AS REGISTERED ASSMIT.
	SIGNATURE
	DATE 3-4-11