Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 60000239226-- 7 -01/07/98--01040--009 ******78.75 ******78.75

SUBJECT:	AUTO DENTIST, INC	AUTO DENTIST, INC.		
	(Proposed corpora	ate name - must include suf	fix)	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a	check for :	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	KARON Y. GASPARD	ADDITIONAL CO	TRECORDS	,
11011	Name (Pr 14378 FALAN COUR	inted or typed) F ddress	A ST	98
	City, State & Zip		ETARY OF S HASSEE FLI	FILED 98 JAN -7 AM 7
	904) 260-11. Daytime Te	/2 elephone number	TATE ORIDA	所 野 7:46

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

ARTICLES OF INCORPORATION

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 shall be:

AUTO DENTIST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

14378 FALAN COURT JACKSONVILLE, FL 32223

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KARON Y. GASPARD 14378 FALAN COURT JACKSONVILLE, FL 32223

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GLAUDIS P. GASPARD, III 14378 FALAN COURT JACKSONVILLE, FL 32223

Signature/Incorporator

1-1-98

(An additional article must be added if an effective date is requested.)

Having 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 agent and 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

Signature/Registered Agent

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