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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Walk In Pick Up Time Certified Copy Mail Out Certificate of Status Will Wait Certificate of Good Standing **Photocopy** ARTICLES ONLY ALL CHARTER DOCS NEW FILINGS = AMENDMENTS -Profit Amendment **NonProfit** Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Certificate of FICTITIOUS NAME Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME SEARCH CORP SEARCH OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Ċ WIN 1 3 1998 Ordered By: Date:

ARTICLES OF INCORPORATION

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ARIANA DENTAL CARE, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Corporation under the Florida Business Corporations Act, does hereby adopt the following Articles of Incorporation.

Article I - Name

The name of this Corporation is Ariana Dental Care, Inc. The principal place of business of this Corporation shall be 7139 Hazeltime Circle, Lakeland, Florida 33809, and the mailing address shall be P.O. Box 24323, Lakeland, Florida 32802, or such other place as may be designated by the Board of Directors.

Article II - Capital Stock

The Corporation shall have the authority to issue 7,500 shares of common stock, One (\$1.00) Dollar par value.

Article III - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 7139 Hazeltime Circle, Lakeland, Florida 33809, and the mailing address is P.O. Box 24323, Lakeland, Florida 32802. The initial registered agent of this Corporation is Fraiba Shafii.

Article IV - Incorporator

The name and address of the person signing these Articles as the incorporator is:

Fariba Shafii P.O. Box 24323 Lakeland, Florida 32802

IN WITNESS WHEREOF, the undersigned Incorporator has

executed these Articles of Incorporation, this $\frac{1}{2}$ day of May, 1998.

Fraiba Shafii

HAVING BEEN NAMED TO ACCEPT SERVICE OF FROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF INCORPORATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0505 FLORIDA STATUTES.

Fraiba Shafii,

Date

Registered Agent

SECRETARY OF STATE