P98000078901

TRANSMITTAL LETTER

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

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SUBJECT:	Regained Retainers, Inc.					
Enclosed is an original for: \$70.00 Filing Fee	and one (1) copy of the articles of incorporation and a check \$78.75					
FROM:	Rhona Sutter Name (printed or typed) 5052 Tamiami Trail North, Suite B					
	Address	<u> </u>				
	Naples, Florida 34103	1				
	City, State & Zip					
	941 403 4100 3 3 3 5 5 6 6 6 6 6 7 6 7 6 7 6 7 6 7 8 7 8 8 8 8 8 8 8 8 8 8	} □				
	Daytime Telephone number	!				

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Regained Retainers, Inc.

SEUNE TARY OF STATE OF VISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

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

5052 Tamiami Trail North, Suite B Naples, Florida 34103

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

5052 Tamiami Trail North, Suite B Naples, Florida 34103

Rhona Sutter

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Rhona Sutter
5052 Tamiami Trail North, Suite B
Naples, Florida 34103

The undersigned incor	porator(s) has(have) exe	cuted these Articles of incorporation this
5th day ofSe	ptember	, 1998
(An additional article n	nust be added if an effec	tive date is requested.)
	Ja Seith	
		Signature
		Signature
		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:		Regained Reta	ainers, Inc.		<u></u>	
2. The name and addr	ess of the register	ed agent and office is:		<u> </u>		<u> </u>
•	Rhona Sutter				98 \$	SEU
		(NAME)			<u></u>	₹ ~
	5052 Tamian	ni Trail North,	Suite B		- φ	ARY.
	(P.O. Box or	Mail Drop Box NOT ACCE	PTABLE)		<u></u>	- 삼위·
	Naples, Flo	orida 34103			8: 15	RATIC
_		(CITY/STATE/ZIP)				
corporation at the pla	ace designated in t ct in this capacity. and complete perj	ent and to accept servi his certificate, I hereby I further agree to comp formance of my duties, a agent.	accept the appoints ply with the provisi	ment as re ions of all	egistei ! statu	red ıtes
A. H. Sh	, eth		5th Septem	ber 19	98	<u></u>
7	(SIGNATURE)	1. 1	(DATE)			•