

TRANSMITTAL LETTER

P98000103713

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

000002710450--4
-12/11/98--01044--004
*****78.75 *****78.75

SUBJECT: PRECISION ORTHODONTICS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: PRECISION ORTHODONTICS
Name (Printed or typed)

62 INDIAN TRACE, #236
Address

WESTON, FL 33326
City, State & Zip

954-389-5063
Daytime Telephone number

98 DEC 10 AM 10:11
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2
9 1998
[Signature]

ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S., Florida Profit

ARTICLE I NAME

The name of the corporation shall be:

PRECISION ORTHODONTICS, INC

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is:

1600 TOWN CENTER BLVD / 62 Indian Trace
WESTON, FL 33326 #236
Weston, FL 33326

ARTICLE III SHARES

The number of shares of stock is:

100

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:

Leslie Meier
2151 Madeira Drive
Weston, FL 33327

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Leslie R. Meier
2151 Madeira DR
Weston, FL 33327

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Leslie R. Meier
Signature/Registered Agent

12-7-98
Date

Leslie R. Meier
Signature/Incorporator

12-7-98
Date