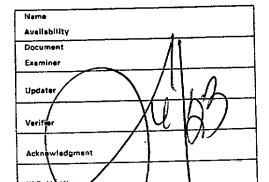


CORPORATION(S) NAME

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) Limited Partnership) Reinstatement	() Annual Report) Reservation		() Other) Change of	Registered	Agent	
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Minpire Toll Free: 1-800-432-3028

TAS S	đ.
ARTICLES OF INCORPORATION ARTICLES OF INCORPORATION	
Mand J Tooth Inc.	
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby fo corporation under the laws of the State of Florida.	rm a
The name of the corporation is: Mand Tooth Inc.	
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.	າຕ
The corporation is authorized to issue shares (10,0) of Dollar(s) (\$) par value Common Stock, which shall be designated "Common Shares".	
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office i	s:
NAME Michelle 3. Handel DMD ADDRESS JOI9 S. University Drive	
CITY Plantation FLORIDA ZIP 35	3324
The principal office, if known, or the mailing address of the corporation is:	
NAME Michelle 5. Handel D.M.D.	
ADDRESS 1019 S. University Dr.	
CITY Plantation FLORIDA 2193	55 ZY

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

of the initial director(s) of the c	orporation are as follows	ws, but shall never be less tha	n one (1). The names an	a addresses
NAME Michelle:	Susan Hand	lel D.m.p.		
ADDRESS 1019 50	outh Unive			
city Plantatio		STATE FIOR	da z	33324
NAME JOSTPH	Louis He	cman D.D.S.		
ADDRESS 6702	North 1	Iniversity Dr	ive	
CITY Tamara	(STATE FID	ridg zi	33321
NAME				
ADDRESS				
CITY		STATE	215	>
•		•		
	ARTICLE VI	I - INCORPORATORS		
The names and addresses of the	incorporators signing the	and Amiolog of Incompanying	ana sa Callanna.	
THE NAMES AND ADDRESSES OF THE	Meorporators signing di	ese Articles of Incorporation	are as follows:	1
NAME Michell	1 S. Ha	ndel Dm	0	
ADDRESS 1019	5. Unive	rsity Dr.	· · · · · · · · · · · · · · · · · · ·	
CITY Planta:	tion	STATE FIOR	ida zir	3332
NAME				
ADDRESS		· · · · · · · · · · · · · · · · · · ·		
<u> </u>	·	STATE	2)r	
NAME	· · · · · · · · · · · · · · · · · · ·			
ADDRESS				
CITY		STATE	ZIP	
N WITNESS WHEREOF, the	undersigned subscriber(s) have executed these Articles	of Incorporation this	21
	19 9 9			
		michelle & A	oma@omp (Seal)
		-		1
			(8	Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Mand	Toot	n Inc.		
	(name of corporation)			

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1019 S. University Pr.	
Plantation Florida 33324	1
has named Michelle S. Handel D.M.D.	SEC
located at the aforesaid address, as its Registered Agent to accept service of pro-	ocess within
this state.	SS
	E d
ACKNOWLEDGEMENT	F1.0

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

michela Mandolomk