P99000847US

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

SUBJECT:	Hommie Tee (Proposed corpor						
		וק	000029935 -09/22/9901 *****87.50	3173 071003 ******			
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:				
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM		Rubin inted or typed)		e de e			
19950 SW 286 ST Address							
	Homestead,	FA 3303	<u>o</u>	T S T S			
		FIL 1999 SEP 22 SECRETARY					

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

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A	RTI	\mathbf{CL}	ES	OF	INCO	RPOR	ATION

FILED

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

1999 SEP 22 PM 12 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be: Hommie Teeth, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Dade County, FLA.

815 North Homestead Blud.

P.M.B. # 501

ARTICLE III SHARES Home STead FW 33030
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one hundered.

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GARY W. Rubin

19950 SW 286 ST

Homestead F433030

ARTICLE V INCORPORATOR

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

HomesTead FA

Signature/Incorporator

(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