

State of Idaho

Office of the Secretary of State

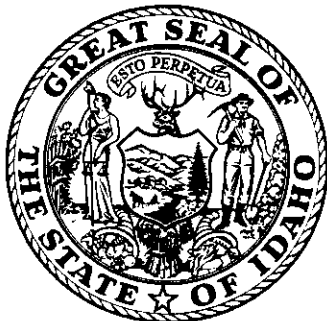
**CERTIFICATE OF AUTHORITY
OF
IMAGINE ORTHODONTICS, INC.**

File Number C 165674

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: 15 March 2006



Ben Yursa
SECRETARY OF STATE

By *Sally L. Langel*

FILED EFFECTIVE

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APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

06 MAR 15 PM 3: 31

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

IMAGINE ORTHODONTICS, INC.

2. The name which it shall use in Idaho is: _____

3. It is incorporated under the laws of: Florida

4. Its date of incorporation is: 01/01/2005

5. The address of its principal office is:

5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: c/o C T Corporation System, 300 North 6th Street, Boise, ID 83702

and its registered agent in Idaho at that address is: C T Corporation System

8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>GASPER LAZZARA</u>	<u>CEO/Director</u>	<u>5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082</u>
<u>JONATHAN SPILLER</u>	<u>President/COO/Director</u>	<u>5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082</u>
<u>BRIAN THOMPSON</u>	<u>CFO, Secretary/Treasurer</u>	<u>5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082</u>
<u>ELLIS ZAHRA</u>	<u>Director</u>	<u>5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082</u>
<u>JOHN VIGLIETTI</u>	<u>Director</u>	<u>5000 SAWGRASS VILLAGE CIRCLE, SUITE 28, PONTE VEDRA BEACH, FL 32082</u>

Dated: 3/7/06

Signature: [Signature]

Typed Name: JONATHAN SPILLER

Capacity: President

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

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Revised 3/2002

IDAHO SECRETARY OF STATE
03/15/2006 05:00
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C 145674

State of Florida

Department of State

I certify from the records of this office that IMAGINE ORTHODONTICS, INC. is a corporation organized under the laws of the State of Florida, filed on December 29, 2004, effective January 1, 2005.

The document number of this corporation is P04000173191.

I further certify that said corporation has paid all fees due this office through December 31, 2006, that its most recent annual report was filed on February 13, 2006, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Fifteenth day of March, 2006*

Sue M. Cobb

Secretary of State



Authentication ID: 600067913256-031506-P04000173191

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

www.sunbiz.org/auth.html