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(Requestor's Name)

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(City/State/Zip/Phone #)

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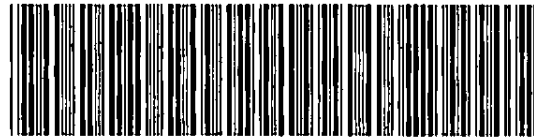
(Business Entity Name)

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D O'KEEFE
MAR 13 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SMILE VENTURES, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN ALVARADO

Name of Person

SMGQ LAW

Firm/Company

201 ALHAMBRA CIRCLE, SUITE 1205

Address

CORAL GABLES, FL 33134

City/State and Zip Code

KALVARADO@SMGQLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN ALVARADO

305

377-1000

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR

SMILE VENTURES, LLC

ARTICLE I - NAME

The name of the limited liability company shall be **SMILE VENTURES, LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be c/o 201 Alhambra Circle, Suite 1205, Coral Gables, FL 33134.

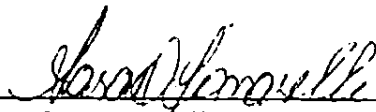
ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Sara Dargham Tonarelli, 534 Daroco, Avenue, Coral Gables, FL 33146.

ARTICLE IV - MANAGEMENT

The Company will be a manager-managed company.

Having been named as registered agent and to accept service of process for the above-stated company 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 of registered agent as provided for in Chapter 605, F.S.



Sara Dargham Tonarelli, as registered agent



Roland Sanchez-Medina Jr., as authorized representative

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)