

F22000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

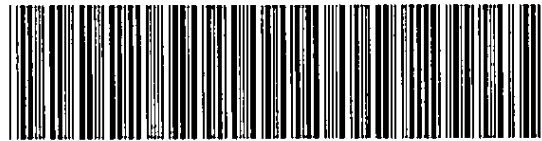
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

S. ROBERTS

JAN 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SmileHub, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rafael Pereyra

Name of Person

Firm/Company

818 18th Street NW, Suite 1020

Address

Washington, DC 20006

City/State and Zip Code

odiscas@gmail.com

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

For further information concerning this matter, please call:

Rafael Pereyra

at (614) 8156772

Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. SmileHub, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 86-3792949
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/10/2021 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 251 Little Falls Drive, Wilmington, DE 19808, New Castle County
(Principal office street address)

(Current mailing address, if different)

8. Charitable and educational activities including creating an online giving community that will help those in need.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Odysseas Papadimitriou
Office Address: 335 S Biscayne Boulevard #1009
Miami, Florida 33131
(City) (Zip Code)

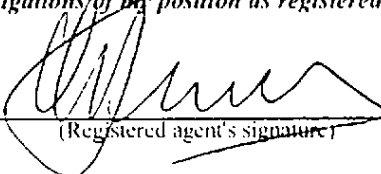
SECRETARY OF STATE
TALLAHASSEE, FL

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

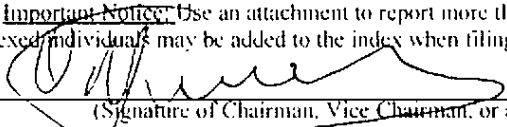
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name	Odysseas Papadimitriou	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address:	335 S Biscayne Boulevard #1009	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		Miami, Florida 33131	<input type="checkbox"/> Director		_____
<input checked="" type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input checked="" type="checkbox"/> Secretary			<input type="checkbox"/> Secretary		
<input type="checkbox"/> Other			<input type="checkbox"/> Treasurer		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Chairman	Name	_____	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address:	_____	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		_____	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary			<input type="checkbox"/> Secretary		
<input type="checkbox"/> Other:			<input type="checkbox"/> Treasurer		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		
<input type="checkbox"/> Chairman	Name:	_____	<input type="checkbox"/> Chairman	Name:	_____
<input type="checkbox"/> Vice Chairman	Address:	_____	<input type="checkbox"/> Vice Chairman	Address:	_____
<input type="checkbox"/> Director		_____	<input type="checkbox"/> Director		_____
<input type="checkbox"/> President		_____	<input type="checkbox"/> President		_____
<input type="checkbox"/> Vice President		_____	<input type="checkbox"/> Vice President		_____
<input type="checkbox"/> Secretary			<input type="checkbox"/> Secretary		
<input type="checkbox"/> Other:			<input type="checkbox"/> Treasurer		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		

NOTE: ~~Important Notice:~~ Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Odysseas Papadimitriou - Chairman
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMILEHUB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMILEHUB, INC." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D. 2021.



5906914 8300C

SR# 20213849746

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202354113

Date: 01-10-22