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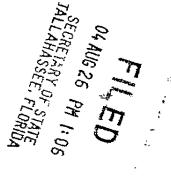
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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OFFICE USE ONLY(DOCUMENT#)	
LAZARUS CORPORATE FILIN	IG SERVICE
3320 S.W. 87 AVENUE	SEA P
MIAMI, FLORIDA (305)552-5973	Top.
	OFFICE USE ONLY
CORPORATION NAME(S) & DO	CUMENT NUMBER(S) (if known):
THE SMILE HO	DUSE, LLC.
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3.	•
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	9-00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit ·	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION Foreign
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Limited Partnership

Reinstatement

Trademark

Fictitious Name

CR2E031(9/92)

Name Reservation

Other Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED I	JABILITY COMPANY	F. F. STATE OF
ARTICLE I - Name: The name of the Limited Liability Company is:		F. FLORIDA
THE SMILE HOUSE, LLC.	· .	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
34 S.W. 37TH AVE.	1 <u>005 S.W. 87TH</u>	AVE.
MIAMI, FL. 33134	MIAMI, FL. 331	.74
		
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the	Office, & Registered Agent's registered agent are	Signature:
MONICA H. Name	AVALOS	· · · · · · · · · · · · · · ·
7530 S.W.	117 ST.	
Plorida street address (P.C		سي در
MIAMI, City, State, a		

Having been named as registered agent and to accept service of process for the above stated limited liability 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 as registered agent as provided for in Chapter 608, Florida Statutes

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager		Name and Address:		
"MGRM" - Managing	g Member			
MGRM		MONICA H. AVALOS		
		7530 S.W. 117 ST		· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL. 3315	6	÷ =
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(Ose and content if nec	cosary)			
NY COUNTY A SHOP				
NOTE: An accinona	u article must be	added if an effective date is reque	sted.	
REQUIRED SIGNAT	ΓURE:	0		
1		41 2 0		
	Ulmica	41. Mals		
Signature o	In melaber or an ac	athorized representative of a member.		
of this docu	nce with section 608.4 ment constitutes an ai s stated herein are tru	408(3), Florida Statutes, the execution filmnation under the penalties of perjury e.)		
	MONICA H.	AVALOS		
	Typed or prin	nted name of signee		gy v a romadal. A Sink

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)