

Mar 11 14 03:53p

Fastkit Corp.

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0639
Fax Number : (305) 592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SMILEDENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

14 MAR 11 PM 5:16

Electronic Filing Menu Corporate Filing Menu

Help
16th MAR 10 2011

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the limited liability company is:

SMILEDENT, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

**8800 NW 107 CT
BLDG 10 # 108
DORAL, FL 33178**

The mailing address of the Limited Liability Company is:

**8800 NW 107 CT
BLDG 10 # 108
DORAL, FL 33178**

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFULL BUSINESS

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TALLAHASSEE, FLORIDA
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ARTICLE V

The name and address of Manager or Managing Member are:

Title:

Name and Address:

MGRM

**SONRISAS TU SALUD BUCAL, CA
AVENIDA PROLONGACION CALLE
ARISMENDI CE PALM BEACH
NIVEL 2 LOCAL P-5-1
SECTOR EL PENORAL, LECHERIA
EDO ANZOATEGUI, VENEZUELA**

Title:

Name and Address:

MGRM

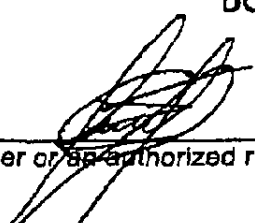
**JOSE ALBERTO MAZA
8800 NW 107 CT
BLDG 10 # 108
DORAL, FL 33178**

Title:

Name and Address:

MGRM

**MARIA ALEJANDRA GUTIERREZ
8800 NW 107 CT
BLDG 10 # 108
DORAL, FL 33178**



Signature of a member or an authorized representative of a member

JOSE ALBERTO MAZA

Typed or printed name of signee

ARTICLE IV

The name and the Florida street address of the Registered Agent are:

**JOSE ALBERTO MAZA
8800 NW 107 CT
BLDG 10 # 108
DORAL, FL 33178**

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 statues relating to the proper and complete performance of my duties, and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605 F.S..

Registered Agent's Signature



STATE OF FLORIDA
TALLAHASSEE
14 APR 11 AM 8:16