

L18 000 061 095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

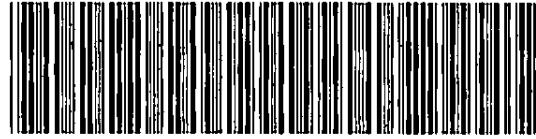
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600309486856

03/05/18--01025--007 \*\*125.00

FILED  
18 MAR -5 AM 6:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Name of Person at ( ) 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

FILED  
18 MAR -5 AM 6:49  
SECRETARY OF STATE  
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.)