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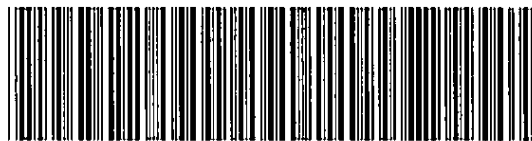
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 10 PM 12:47

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SmileXP, PLLC

\_\_\_\_\_  
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:

April V. Francia

\_\_\_\_\_  
Name of Person

Robert H. Montgomery, III, Esq., P.C.

\_\_\_\_\_  
Firm/Company

230 S. Broad Street, Suite 305

\_\_\_\_\_  
Address

Philadelphia, PA 19102

\_\_\_\_\_  
City/State and Zip Code

April@RMontgomery-Law.com

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

For further information concerning this matter, please call:

April Francia

215

731-1404

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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DIVISION OF CORPORATIONS  
19 MAY 10 PM 12: 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SmileXP, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6246 Roscate Spoonbill Drive  
Windermere FL 34786

Mailing Address:

6246 Roscate Spoonbill Drive  
Windermere FL 34786

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ricardo Carlo Carrillo, DDS

Name

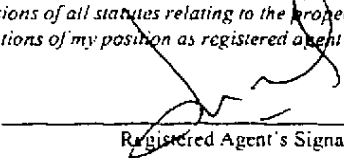
6246 Roscate Spoonbill Drive

Florida street address (P.O. Box **NOT** acceptable)

Windermere FL 34786

City State Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE & CHARTERED  
19 MAY 10 PM 12:07

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Ricardo Carlo Carrillo, DDS  
6246 Roseate Spoonbill Drive  
Windermere, FL 34786

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SECTION OF REGISTRATIONS  
19 MAY 10 PM 12:07

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of this professional limited liability company is to provide dentistry services.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Ricardo Carlo Carrillo, DDS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**ROBERT H. MONTGOMERY, III, ESQUIRE, P.C.**

230 SOUTH BROAD STREET  
SUITE 305  
PHILADELPHIA, PA 19102

Phone (215) 731-1404  
Fax (215) 701-1861  
www.YourDentallawyer.com

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 10 PM 12:47

Robert H. Montgomery, III \*

Justin J. Weaver

Anna M. Haslinsky

Alexander J. Menard ‡

April V. Francia ‡

Kimberly Rest Montgomery, *of counsel* †

Margaret E. Bowles, *of counsel* □

Members of the Pennsylvania & New Jersey Bars

\* Also Member of Arizona, Minnesota, New York, Ohio, Texas, Virginia and Washington Bars

† Also Member of District of Columbia Bar

□ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

‡ Member of the Pennsylvania Bar only

Sender's E-mail: April@RMontgomery-Law.com

May 6, 2019

**Via First Class Mail**

New Filing Division

Florida Division of Corporations

PO Box 6327

Tallahassee, FL 32314

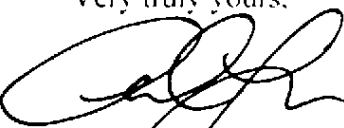
**Re: Articles of Organization: SmileXP, PLLC**

Dear Sir or Madam:

Please find enclosed for filing the Articles of Organization for "SmileXP, PLLC" and a check in the amount of \$125.00 made payable to the "Florida Department of State".

Please send a letter of acknowledgment and/or file-stamped document to me in the self-addressed, stamped envelope. Should you have any questions regarding my request, please feel free to contact me at 215-731-1404, extension 6. Thank you.

Very truly yours,



April V. Francia

Enclosures