

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L19000179133  
FILED 8:00 AM  
July 23, 2019  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

DELIVERING SMILES LLC

**Article II**

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

6574 N STATE RD 7  
346  
COCONUT CREEK, FL. 33073

The mailing address of the Limited Liability Company is:

6574 N STATE RD 7  
346  
COCONUT CREEK, FL. 33073

**Article III**

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

MICHELLE CRAIGG  
6574 N STATE RD 7  
346  
COCONUT CREEK, FL. 33073

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.

Registered Agent Signature: MICHELLE CRAIGG

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
MICHELLE CRAIGG  
6574 N STATE RD 7 #346  
COCONUT CREEK, FL. 33073

Title: MGR  
ANDREW CRAIGG  
6574 N STATE RD 7 #346  
COCONUT CREEK, FL. 33073

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Signature of member or an authorized representative

Electronic Signature: MICHELLE CRAIGG

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

# L19000179133

## DELIVERING SMILES CORP

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July 9, 2019

Re: Document Number P16000079383

Delivering Smiles Corp has no intentions in revoking the voluntary dissolution for this business entity.

Should you have any questions please contact me at 954.554.2680.

Sincerely yours,

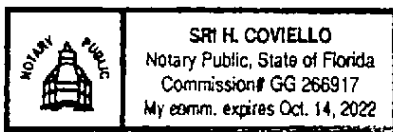
*Michelle Bonilla*

Michelle Bonilla

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 12 of JULY 2019  
by Michelle Bonilla.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Notary Public

Personally known: \_\_\_\_\_

OR Produced Identification: FL DL

Type of Identification Produced: Driver license

70FI

rec. 7/23/19