Electronic Articles of Organization
For
Florida Limited Liability Company

L22000365318
FILED 8:00 AM
August 19, 2022
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

MY SMILE FINANCE, LLC

Article II

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

6960 BONNELVAL RD.
SUITE 202
JACKSONVILLE, FL. US 32216

The mailing address of the Limited Liability Company is:

6960 BONNELVAL RD.
SUITE 202
JACKSONVILLE, FL. US 32216

Article III

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

TIM TURSONOFF
6960 BONNEVAL RD.
SUITE 202
JACKSONVILLE, FL. 32216

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: TIM TURSONOFF

Article IV

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

Title: CEO
TIM TURSONOFF
4454 GLEN KERNAN PARKWAY EAST
JACKSONVILLE, FL. 32224 US

Title: COO
CHRISTI KIMM
9745 TOUCHTON ROAD, UNIT 1130
JACKSONVILLE, FL. 32246 US

Signature of member or an authorized representative

Electronic Signature: CHRISTI KIMM

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.