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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954)385-2284
Fax Number : (954)385-8864

****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.
LEON SMILES AND BEYOND, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023-01-03 PM 4:50

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ARTICLES OF ORGANIZATION
OF
LEON SMILES AND BEYOND, LLC

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company name ***LEON SMILES AND BEYOND, LLC***

ARTICLE I: NAME

The name of the Company shall be: LEON SMILES AND BEYOND, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Company shall be:

1290 Weston Rd. Ste 210 Weston, FL 33326

ARTICLE III: DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV: PURPOSE

This company is organized primarily to engage in the commercialization and marketing of dental and medical equipment, supplies, and other relevant matters, as well as to conduct any other lawful business in the United States and abroad.

ARTICLE V: MANAGEMENT

The Company shall be managed by one or more members and is therefore a member-managed company. The company will have initially one (1) manager to hold office until their successors have been duly qualified and elected, or until his earlier resignation, removal from office or death.

The number of members and managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company or the Membership Agreement.

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The name and address of the initial Members is:

Onan E. Martinez

1290 Weston Rd. Ste 210 Weston, FL 33326

The name and address of the initial Manager is:

José G. Tovar Del Corral

1290 Weston Rd. Ste 210 Weston, FL 33326

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida Street address of the initial Registered Agent is:

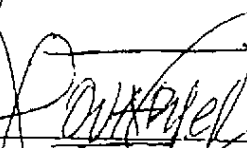
José G. Tovar Del Corral
1290 Weston Rd. Ste 210
Weston, FL 33326

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 as registered agent.



Signature of Registered Agent
José G. Tovar Del Corral

Date: Jan 03, 2023



Signature of authorized representative
José G. Tovar Del Corral
Manager

Date: Jan 03, 2023

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