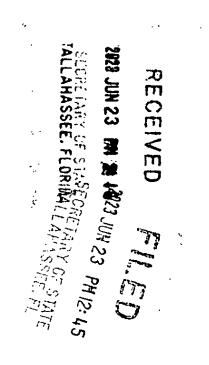
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Name	- i	1	ŀ.	CI	ľ	RΊ	٨
Name	ا: - ا	1	ŀ.	CI	ľ	RΊ	۸

The name of the Limited Liability Company is:

SBD Smiles LLC

(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:

Mailing Address:

10531 SW 144 Ave	10531 SW 144 Ave
Miami, FL 33186	Miami, FL 33186

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:

Sara Daniel		_
	Name	
10531 SW 144 Ave		
Florida street address	(P.O. Box NOT acc	eptable)
Miami	Florida	33186
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..

06/23/2023

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ART	\mathbf{I}	G G	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Sara Daniel 10531 SW 144 Ave Miami, FL 33186
(Use attachment if necessary)	
If an effective date is listed, the date must be specified of filing.) Note: If the date inserted in this block does not not the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	AJB
This document is execut I am aware that any false	ember or an authorized representative of a member. Led in accordance with section 605.0203 (1) (b). Florida Statutes. Let information submitted in a document to the Department of State Let felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Amanda J Beren

