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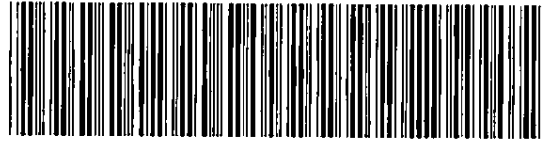
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DATE: 10/25/2023

NAME: THE SMILE MISSION PLLC

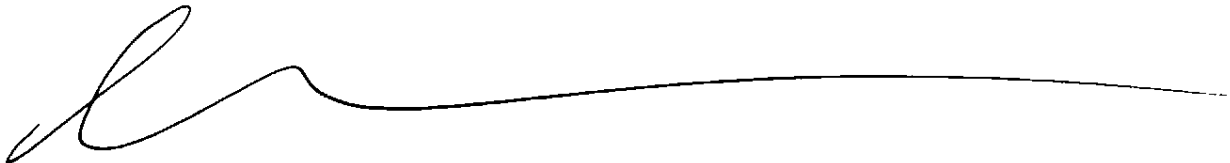
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Smile Mission 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:

Katrina Lukenbill

Name of Person

Lewis Brisbois Bisgaard & Smith LLP

Firm/Company

110 SE 6th St., #2600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Katrina.Lukenbill@lewisbrisbois.com

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

For further information concerning this matter, please call:

Katrina Lukenbill

954

678-4088

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 &
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☐ \$160.00 Filing Fee,
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(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Smile Mission 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:

9900 SW 168th St.

Miami FL 33157

Mailing Address:

9900 SW 168th St.

Miami FL 33157

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:

Dustin Pfundheller

Name

9900 SW 168th St.

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

Miami

FL

33157

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..

Dustin Pfundheller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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