## L 23000 485 664

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700415027777

15.

2023 OCT 25 PM -12 43

RECEIVED

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/25/2023

NAME: THE SMILE MISSION PLLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AB1/1 < 1 A

## **COVER LETTER**

TO:	New Filing Sec Division of Co				
eun ir		Mission PLLC			
SUBJE	C):	Name of Li	mited Liabii	ity Company	<del></del>
The enc	losed Articles of	Organization and fee(s) a	re submitted	l for filing.	
Please re	eturn all corresp	ondence concerning this m	natter to the	following:	
	Katrina Luk	enbill			
	•		Name of	Person	
	Lewis Brisb	ois Bisgaard & Smith LL	P		
	<del></del>		Firm/Co	ompany	
	110 SE 6th	St., #2600			
	-		Addı	css	
	Fort Lauder	dale, FL 33301			
	Katrina, Luke	nbill@lewisbrisbois.com	City/State ar	nd Zip Code	
		E-mail address: (to be use	d for future	annual report notificat	ion)
For furthe	r information co	oncerning this matter, pleas	se call:		
	Katrina Luk	enbill at (	954	678-4088	
	Nan		Area Code	Daytime Telephor	ne Number
Enclosed	d is a check for t	he following amount:			
≣\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ied Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

The Smile Missi			
. (Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited	Liability Company is:
Pri	ncipal Office Address:		Mailing Address:
9900 SW 168th	Sı.	9900	) SW 168th St.
Miami FL 33157			mi FL 33157
The name and the Florida st	reet address of the registered  Dustin Pfundheller	d agent are:	
The name and the Florida st	Dustin Pfundheller		
The name and the Florida st	reet address of the registered	d agent are: Name	cceptable)
The name and the Florida st	Dustin Pfundheller  9900 SW 168th St.  Florida street addres	Name  ss (P.O. Box <u>NOT</u> ac	cceptable)
The name and the Florida st	Dustin Pfundheller 9900 SW 168th St.	d agent are: Name	•

(CONTINUED)

<u> Citle:</u>	Name and Address;
'AMBR" = Authorized Memb	ст
'MGR" = Manager	
MGR	Smile Mission Management Services Organization LLC
	9900 SW 168th St.
	Miami FL 33157
Use attachment if necessary)	
ctive date is listed, the date n	on the date of filing:
ctive date is listed, the date n f filing.) the date inserted in this block nent's effective date on the Do EVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.
ctive date is listed, the date n f filing.) the date inserted in this block nent's effective date on the Do Z VI: Other provisions, if any, of the Professional Limited Liability	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentisity for which a
ctive date is listed, the date in filling.) the date inserted in this blockment's effective date on the Do Z VI: Other provisions, if any. of the Professional Limited Liability Company may be a	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.
ctive date is listed, the date in filling.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any, of the Professional Limited Liability Company may be a	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a premized in this state.
ctive date is listed, the date in filling.) the date inserted in this blockment's effective date on the Do EVI: Other provisions, if any. of the Professional Limited Liability Company may be a	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.
ctive date is listed, the date in filling.) the date inserted in this blockment's effective date on the Do EVI: Other provisions, if any. of the Professional Limited Liability Company may be a REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any. of the Professional Limited Liability Company may be a REOUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any. of the Professional Limited Liability Company may be a REOUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Dockment's effective date of	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
ctive date is listed, the date in filing.) he date inserted in this block nent's effective date on the Do EVI: Other provisions, if any. of the Professional Limited Liability Limited Liability Company may be exampled to the EVI Signature:  Signature This document arm aware that	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State
ctive date is listed, the date in filing.) he date inserted in this block nent's effective date on the Do EVI: Other provisions, if any. of the Professional Limited Liability Limited Liability Company may be exampled to the EVI Signature:  Signature This document arm aware that	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any. of the Professional Limited Liability Limited Liability Company may be a Signatu This document I am aware that constitutes a the signature of the professional Constitutes at the signature of the professional Company may be a signature of the professional Company ma	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any. of the Professional Limited Liability Limited Liability Company may be a Signatu This document I am aware that constitutes a the signature of the professional Constitutes at the signature of the professional Company may be a signature of the professional Company ma	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member of an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Do VI: Other provisions, if any. of the Professional Limited Liability Limited Liability Company may be a Signatu This document I am aware that constitutes a the signature of the professional Constitutes at the signature of the professional Company may be a signature of the professional Company ma	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member of an authorized representative of a member, at is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State mird degree felony as provided for in s.817.155, F.S.  Pfundheller  Typed or printed name of signee
ctive date is listed, the date not filing.)  he date inserted in this blockment's effective date on the Dockment's effective date of	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The applicable representative of a member of a member of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.  Pfundheller  Typed or printed name of signee  Filing Fees:
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the Dockment's effective date of the Dockment's effective date on the Dockment's effective date of the Dockment's effetive date of the Dockment's effective date of t	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The applicable representative of a member of a member of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.  Pfundheller  Typed or printed name of signee  Filing Fees:
ctive date is listed, the date not filing.) the date inserted in this block ient's effective date on the Dock ient's effective date in ient's effective date on the block ient's effet	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State mird degree felony as provided for in s.817.155, F.S.  Pfundheller  Typed or printed name of signee  Filing Fees:  Cles of Organization and Designation of Registered Agent
ive date is listed, the date notifling.)  e date inserted in this block ont's effective date on the Do VI: Other provisions, if any. If the Professional Limited Liability initied Liability Company may be described by the Professional Limited Liability Company may be described by th	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  Company is to engage in any lawful activity involving the practice of dentistry for which a organized in this state.  The of a member of an authorized representative of a member of the secure of an authorized representative of a member of the secure of any false information submitted in a document to the Department of State any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.  Pfundheller  Typed or printed name of signee  Filing Fees:  Cles of Organization and Designation of Registered Agent actional)

ARTICLE IV-