

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000156430
FILED 8:00 AM
April 02, 2024
Sec. Of State
dsultana**

Article I

The name of the Limited Liability Company is:
YOUR SMILE DENTAL AESTHETICS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10450 NW 33 ST
STE 302
DORAL, FL. US 33172

The mailing address of the Limited Liability Company is:
10450 NW 33 ST
STE 302
DORAL, FL. US 33172

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
JEIMMY VARGAS
10450 NW 33 ST
STE 302
DORAL, FL. 33172

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: JEIMMY VARGAS

Article V

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

Title: MGRM
JEIMMY VARGAS
10450 NW 33 ST STE 302
DORAL, FL. 33172 US

Title: MGR
JOSE LINARES
790 NW 107TH AVE STE 300
MIAMI, FL. 33172 US

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Article VI

The effective date for this Limited Liability Company shall be:

04/01/2024

Signature of member or an authorized representative

Electronic Signature: JEIMMY VARGAS

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.