12/18/24, 5 05 PM

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone : (786)953-7449 Fax Number : (786)953-7450

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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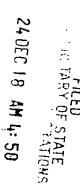
## FLORIDA LIMITED LIABILITY CO. YSMILE DENTISTRY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

## Article I

The name of the limited liability company is:

YSMILE DENTISTRY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

505 COURTNEY DRIVE TAMPA, FL. 33617

The mailing address of the Limited Liability Company is:

505 COURTNEY DRIVE TAMPA, FL. 33617

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

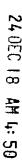
The name and Florida street address of the registered agent is:

YALISSY QUINTERO MARTINEZ 505 COURTNEY DRIVE

TAMPA, FL. 33617

Having been named as a registered agent and to accept service of process of 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:



## Article V

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

Title: AMBR
YALISSY QUINTERO MARTINEZ
505 COURTNEY DRIVE

TAMPA, FL. 33617

Signature:

Article VI

The effective date of this Limited Liability Company Shall be:

01/01/2025

Signature of member or any thorized representative:

Signature:

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state 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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

24 DEC 18 AM L: ED