

N08000007742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

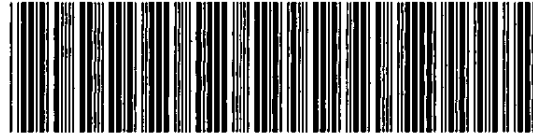
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 AUG 18 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SMILES ACROSS THE WORLD, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: SIMON AMIR  
Name (Printed or typed)

2922 SW 68<sup>TH</sup> LANE  
Address

GAINESVILLE, FL 32608  
City, State & Zip

352 682 7640  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SMILES ACROSS THE WORLD, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2922 SW 68TH LANE, GAINESVILLE, FL 32608

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE & FACILITATE THE DELIVERY OF FREE  
OR REDUCED COST DENTAL CARE TO UNDERPRIVILEGED COMMUNITIES  
IN THE UNITED STATES & ABROAD.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

AT ANNUAL MEETING

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SIMON AMIR  
2922 SW 68TH LANE  
GAINESVILLE FL 32608

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SIMON AMIR  
2922 SW 68TH LANE  
GAINESVILLE FL 32608

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Signature/Registered Agent

8/13/08  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

8/13/08  
\_\_\_\_\_  
Date