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**N14000008040**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NEW SMILES FOUNDATION, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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P. 002

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

**ARTICLE I NAME**

The name of the corporation shall be: New Smiles Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

14260 SW 74 Terracé

Mailing address, if different is:

Miami, FL 33183-2902

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide dental care to  
under - privileged, under- served populations and support  
public endeavors to improve Oral Health.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: is by the  
corporation committee vote.

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

Name and Title: Ramon A. Rodriguez Name and Title: \_\_\_\_\_

Address: Director Address: \_\_\_\_\_

14260 SW 74 Terrace

Miami, FL, 33183-2902

Name and Title: Vivian E. Diaz Name and Title: \_\_\_\_\_

Address: Director Address: \_\_\_\_\_

14260 SW 74 Terrace

Miami, FL 33183-2902

Name and Title: Ramiro Diaz Name and Title: \_\_\_\_\_

Address: Director Address: \_\_\_\_\_

14260 SW 74 Terrace

Miami, FI 33183-2902

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P. 003

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Ramon A. Rodriguez  
Address: 14260 SW 74 Terrace  
Miami, FL 33183-2902

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Ramon A. Rodriguez  
Address: 14260 SW 74 Terrace  
Miami, FL 33183-2902

*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.*

Ramon A. Rodriguez  
Required Signature of Registered Agent

08/25/2014  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Ramon A. Rodriguez  
Required Signature of Incorporator

08/25/2014  
Date