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(City/State/Zip/Phone #)

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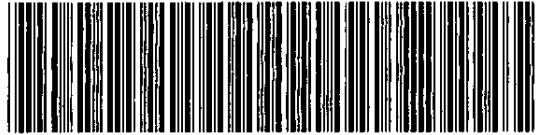
(Business Entity Name)

(Document Number)

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09 OCT 13 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: SMILE REVOLUTION DENTAL LAB, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: LUCRECIA FRANCO  
Name (Printed or typed)

5901 NW 151 STREET STE 112  
Address

MIAMI LAKES, FL 33014  
City, State & Zip

305-323-1046  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

SMILE REVOLUTION DENTAL LAB, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

5901 NW 151 STREET STE 112  
MIAMI LAKES, FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DENTAL LAB

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

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

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

LUCRECIA FRANCO PRESIDENT  
5901 NW 151 STREET STE 112  
MIAMI LAKES, FL 33014

**ARTICLE VI REGISTERED AGENT**

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

LUCRECIA FRANCO  
5901 NW 151 STREET STE 112  
MIAMI LAKES, FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LUCRECIA FRANCO  
5901 NW 151 STREET STE 112  
MIAMI LAKES, FL 33014

\*\*\*\*\*

*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*

Lucricia Franco

Signature/Registered Agent

Lucricia Franco

Signature/Incorporator

10/09/09

Date

10/09/09

Date

APPROVED  
AND  
FILED

09 OCT 13 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA