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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
iSMILE BY DR SONIA OLIVARES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
13 DEC 12 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 12 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/13/13

Electronic Filing Menu Corporate Filing Menu Help

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: ISMILE BY DR SONIA OLIVARES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8353 NW 36 STREET

DORAL FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS
DENTAL OFFICE

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SONIA OLIVARES PRESIDENT

Name and Title: _____

Address 8353 NW 36 STREET
DORAL FL 33166

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SONIA OLIVARES
Address: 8353 NW 36 STREET
DORAL FL 33166

13 DEC 12 AM 11:16
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SONIA OLIVARES
Address: 8353 NW 36 STREET
DORAL FL 33166

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



Required Signature/Registered Agent

12/09/2013
Date

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



Required Signature/Incorporator

12/09/2013
Date