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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 : LAZARUS CORPORATE FILING SERVICE, INC.  
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## FLORIDA PROFIT/NON PROFIT CORPORATION INFINITY SMILES HCS, INC.

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Infinity Smiles HCS, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

220 Henthorne Dr.Apt # A9.lake worth, FL 33461.**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P: Paula Maria Gonzalez PerezVP: Emma Mabel Rivera Gonzalez   
   
   
 **ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

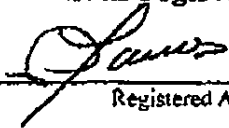
Paula Maria Gonzalez Perez220 Henthorne Dr. Apt A9.lake worth, FL 33461.**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Paula Maria Gonzalez Perez220 Henthorne Dr. Apt #A9.lake worth, FL 33461.

15 MAY 19 AM 10:09

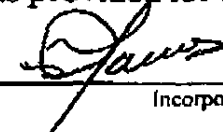
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**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent05/13/15.  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator05/13/15.  
\_\_\_\_\_  
Date15 MAY 19 AM 10:00  
TALLAHASSEE, FLORIDA

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