

PI500006/216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

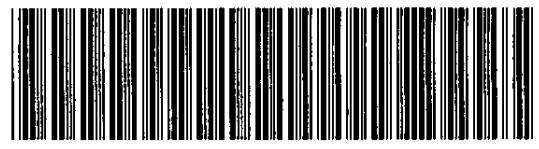
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/15--01011--001 **87.50

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MD 7/23

COVER LETTER

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

SUBJECT: COOL SMILEZ, 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

\$87.50 - Filing Fee
- Certified Copy
- Certificate of Status

FROM: MARTINE A. DECAUMBRE
Name (Printed or typed)

1620 SW Bayshore Blvd.
Address

Port St. Lucie, FL 34984
City, State & Zip

772-708-0804
Daytime Telephone number

martanna14@hotmail.com
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: Cool Smiles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1620 SW Bayshore Blvd,
Port St. Lucie, FL 34984

Mailing address, if different is: N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Dental
Services for children and adults.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martine A. Decambre CEO Name and Title: _____

Address: 1620 SW Bayshore Blvd, Address: _____
Port St. Lucie, FL 34984

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: MARTINE A. DECAMBRE
 Address: 1620 SW Bayshore Blvd.
Port St. Lucie, FL 34984

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARTINE A. DECAMBRE
 Address: 1620 SW Bayshore Blvd.
Port St. Lucie, FL 34984

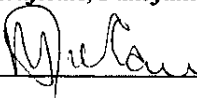
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/2/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

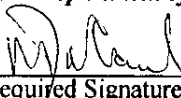
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/2/15
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.



Required Signature/Incorporator

7/2/15
Date