

P1500006/216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

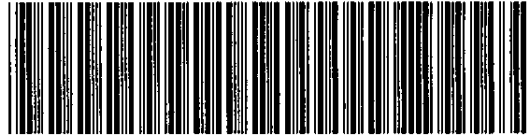
(Document Number)

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Certificates of Status \_\_\_\_\_

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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 Smilez, 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: \_\_\_\_\_

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

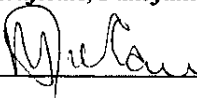
**ARTICLE VIII EFFECTIVE DATE:**

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.

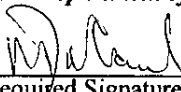
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



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