

PI60000042218

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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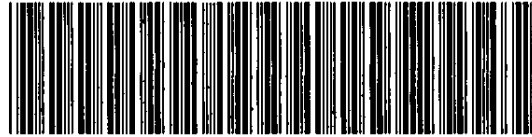
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAY 13 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Guitzen MAY 16 2018

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Bright Smiles 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: \_\_\_\_\_

Michael P. Hennessy  
Name (Printed or typed)

9273 Tropez Lane  
Address

Delray Beach FL 33446  
City, State & Zip

(954) 319-6343  
Daytime Telephone number

KmdFL3120@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2016

MICHAEL P HENNESSY  
9273 TROPEZ LANE  
DELRAY BEACH, FL 33446

SUBJECT: BRIGHT SMILES INC.  
Ref. Number: W16000022749

We have received your document for BRIGHT SMILES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 516A00006294

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SECTION OF STATE  
TALLAHASSEE, FLORIDA

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:

Bright Smiles Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Prime Dental Group Inc.

Mailing address, if different is:

9273 Tropez Ln.  
Delray Beach FL

9273 Tropez Ln.  
Delray Beach FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

a Dental Practice.

ARTICLE IV SHARES

The number of shares of stock is:

3

16 MAY 13 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Hennessy Co-President

Address

9273 Tropez Lane  
Delray Beach 33446

Name and Title: Oscar Luis Castro Sr.

Address:

Co-President  
155 NW 132 Ave  
Miami FL 33183

Name and Title: Oscar Luis Castro Jr.

Address

10607 SW 102 St.  
Miami FL 33176  
Co-President

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Michael P. Hennessy

Address: 9273 Tropez Ln.  
Delray Beach FL 33446

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Michael P. Hennessy

Address: 9273 Tropez Ln.  
Delray Beach FL 33446

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

3/15/16  
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

3/15/16  
Date