## P16000055082

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

SUBJECT: NEW S	MILE DENTAL SPA CORP.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
430	60 NW 7 STREET	A 3.1	
		Address	
MI	AMI FLORIDA 33126		
	City,	State & Zip	
305	5-444-8863		
	Daytime 1	Celephone number	
nev	vsmiledentalspa@yahoo.com		
	E-mail address: (to be use	d for future annual report i	notification)

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



June 20, 2016

ANA BELKIS CABALLERO 4560 NW 7 STREET MIAMI, FL 33126

SUBJECT: NEW SMILE DENTAL SPA CORP.

Ref. Number: W16000043983

We have received your document for NEW SMILE DENTAL SPA CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

List the total not (%)

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: 716A00012906

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TRITICLE IV SHARES The number of shares of stock is:  Name and Title:  Address  MIAMI FLORIDA  33182  Name and Title:	ss, if different is:	Mailing address		IPAL OFFICE Principal <u>street</u> address	RTICLE II PRINCI
MIAMI FLORIDA 33126  IRTICLE III PURPOSE The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS The number of shares of stock is:  Name and Title:  And Belkis Caballero  Name and Title:  Address  MIAMI FLORIDA  33182  Name and Title:  Name and Title:  Address  Name and Title:  Address  Address:			<del></del>		560 NW 7 STREET
The number of shares of stock is:					MIAMI FLORIDA 3312
Name and Title:    Name and Title:   Address   Address   Address		AWFUL BUSINESS	ANY AND ALL	SE e corporation is organized is	RTICLE III PURPO. The purpose for which th
Name and Title:  Name and Title:  Address  Name and Title:  MIAMI FLORIDA  33182  Name and Title:  Name and Title:  Address  Name and Title:  Address  Address:  Address:  Address:  Address:  Address:  Address:	Ay 5				· -
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:	THE SECOND				
TRTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ana Belkis Caballero Name and Title: President  Address MIAMI FLORIDA  33182  Name and Title: Name and Title: Address: Add	29				
Name and Title:    Name and Title:   Address   Address   Address	EFOR SE				
The number of shares of stock is:	F STATE				
Address  MIAMI FLORIDA  33182  Name and Title:  Address:  Address:  Address:	0,6	_			
Address:  MIAMI FLORIDA  33182  Name and Title:  Address:  Address:  Address:			N	Ana Belkis Caballero	Name and Title:
Name and Title:Name and Title:Address:		Address:	A		Address _
Address: Address:					
Address:Address:		e and Title:	N		Name and Title:_
Name and Title: Name and Title:			<del></del>		
Address: Address:		and Title:	_		Name and Title:_

Name a	and Title:	Name and Title:	
Addres	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	to) of the majetaned again in	
Name:	Ana Belkis Caballero	e) of the registered agent is:	
Address:	957 NW 128 PLACE	,	<b></b> 1 .
Address:	MIAMI FLORIDA 33182	<del>- 101</del>	ALLU SECO
			JUN 29
ARTICLE VII	<u>INCORPORATOR</u>		SSEE G
The name and a	address of the Incorporator is:		AMII: 47 SEEFLORIDA
Name:	Amalia E Regalado	<del></del>	ORIGINATION ORIGINATION OF TAXABLE PROPERTY OF
Address:	777 NW 72 AVENUE		A
	MIAMI FLORIDA 33126		
		<del></del>	
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and c.	(OPTIONAL)	loug pulou ou 00 huginoss
days after the i		annot de more than five dusiness d	mys prior or 90 business
	te inserted in this block does not meet the applic effective date on the Department of State's reco		nis date will not be listed as
Having been no this certificate, i	amed as registered agent to accept service of pr I am familiar with and accept the appointment o	ocess for the above stated corporations segistered agent and agree to act i.	n this capacity
			06 07 2016
	Required Signature/Registered Agent	•	Date
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree		
	axul		06/07/2016
Requ	uired Signature/Incorporator		Date
	4	•	