

P17 000 085 904

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000278968 3)))



H170002789683ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
17 OCT 24 PM 4:47
BUREAU OF COMMERCIAL INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SMILE DENTAL CENTER MIAMI CORP

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

17 OCT 24 2013

2ND REQUEST

H17000278968

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Smile Dental Center Miami Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14850 SW 26th St Miami FL

Zip: 33185

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Elsa Grullon Cortorreal (P)

Linda Paola Ortiz Martinez (S)

Miguel Barroto Prieto (S)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Linda Paola Ortiz Martinez

14850 SW 26th St

MIAMI FL 33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Linda Paola Ortiz Martinez

14850 SW 26th St

MIAMI, FL 33185

H17000278968

17 OCT 2013 15

H17000278968

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

Beck OATZ 10/23/2017
Registered Agent 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.

Beck OATZ 10/23/2017
Incorporator Date

17 OCT 2013 15
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

H17000278968