P18000085438

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.

(((H18000302437 3)))

H18000302437ABC

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MY SMILE CENTER, INC.

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

FILED
2018 OCT 18 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

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: MY SMILE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12800 SW 8th ST
MIAMI, FL 33184

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FOR PROFIT

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLGA BOWEN, PRESIDENT
Address: 12800 SW 8th ST
MIAMI, FL 33184

Name and Title: GABRIELLA M BOWEN, VP
Address: 12800 SW 8th ST
MIAMI, FL 33184

Name and Title: DR. RENE FRIEDMAN, DIRECTOR
Address: 12800 SW 8th ST
MIAMI, FL 33184

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: GABRIELA M BOWEN

Address: 12800 SW 8th ST

MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: OLGA BOWEN

Address: 12800 SW 8th ST

MIAMI, FL 33184

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 days prior or 90-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

_____ 10/17/2018

Required Signature/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.

_____ 10/17/2018

Required Signature/Incorporator Date