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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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2019 JUL -8 PM 2:05

FLORIDA PROFIT/NON PROFIT CORPORATION
SMILE DENTAL CENTER LABORATORY MIAMI CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

19 JUL -8 AM 12:31

ARTICLE I NAME: The name of the corporation is:

Smite Dental Center Laboratory Miami Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9835 SW 40 St

Miami Florida 33165

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Linda Paola Ortiz Martinez (P)

Guillermo Andres Rhenals Lopez (VP)

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

9835 SW 40 St Miami FL 33165

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

LINDA PAOLA ORTIZ MARTINEZ

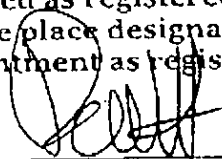
9835 SW 40 ST.

MIAMI FL. 33165.

9/1/2019 10:30 AM
19 JUL -8 AM 10:30 P

Required Signatures:

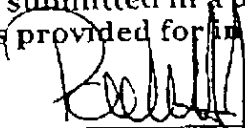
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date