

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
SMILE SALES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
2019 DEC 11 AM 10:56
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COVER LETTER

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

SUBJECT: SMILE SALES 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME SMILE SALES INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

4709 N 40TH STREET

4709 N 40TH STREET

HOLLYWOOD, FL 33201

HOLLYWOOD, FL 33201

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YEHUDA MOSKOVITZ, PRESIDENT

Name and Title: _____

Address

182 LYNCH STREET

Address: _____

BROOKLYN, NY 11206

Name and Title: YOEL MOSKOVITZ, OFFICER

Name and Title: _____

Address

21 CHEVRON ROAD

Address: _____

MONROE, NY 10950

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FL

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YEHUDA MOSKOVITZ
Address: 4709 N 40TH STREET
HOLLYWOOD, FL 33201

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARK FUCHS
Address: 5314 16TH AVE, SUITE 139
BROOKLYN, NY 11204

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

/s/ Yehuda Moskovitz
Required Signature/Registered Agent

12/11/18

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.

/s/ Mark Fuchs
Required Signature/Incorporator

12/11/19

Date

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