

12/26/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
LOVE AND SMILES SOLUTIONS CORP

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

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Dec 27, 2019

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

ARTICLE I NAMEThe name of the corporation shall be: Love and Smiles solutions Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

14813 sw 82 terraceMiami, Fl 33193**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Behavior Therapy**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Maria Fernandez Borges (P) Name and Title:Address: 14813 sw 82 terrace Miami Fl 33193 Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Maria Fernandez Borges
Address: 14813 sw 82 terra Miami Fl 33193

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria Fernandez Borges
Address: 14813 sw 82 terrace Miami Fl 33193

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 12/23/2019 (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

Maria Fernandez Borges 12/23/2019
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.

Maria Fernandez Borges 12/23/2019
Required Signature/Incorporator Date