

P210000 20498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

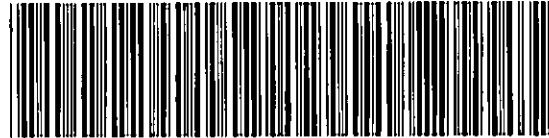
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/21--01028--006 **70.00

21 MAR -4 PM 2:07

2021 MAR -4 AM 11:57

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SMILE SOLUTINS DENTAL

LABORATORY INC.

Signature _____

Requested by: BRANDEN

03/03/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: Smile Solutions Dental Laboratory 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Teresa De La Rosa, CPA
Name (Printed or typed)
814 Ponce De Leon Blvd Suite 204
Address
Coral Gables, FL 33134
City, State & Zip
305-385-1099
Daytime Telephone number
teresa@delarosacpafirm.com
E-mail address: (to be used for future annual report notification)

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

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: Smile Solutions Dental Laboratory Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

6000 Park of Commerce Blvd Ste E

Boca Raton, FL 33487-8230

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ala Alhamed - President

Name and Title: _____

Address 6000 Park of Commerce Blvd Ste E

Address: _____

Boca Raton, FL 33487-8230

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAR -6 PM 11:57

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: Ala Alhamed
Address: 6000 Park of Commerce Blvd Ste E
Boca Raton, FL 33487-8230

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ala Alhamed
Address: 6000 Park of Commerce Blvd E
Boca Raton, FL 33487-8230

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/3/2021 (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

Ala Alhamed

Required Signature/Registered Agent

3/3/2021

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.

Ala Alhamed

3/3/2021

Required Signature/Incorporator

Date