

P22000047355

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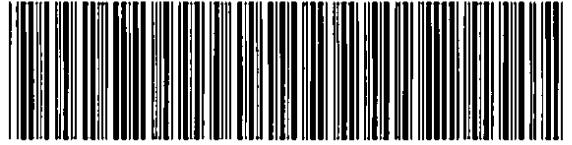
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2022 JUN -7 PM 1:51

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2022

FLORIDA FILING

SUBJECT: JULIAN RUIZ RODRIGUEZ  
Ref. Number: W22000076464

2022 JUN 10 PM 1:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for JULIAN RUIZ RODRIGUEZ and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the wrong name was put in Article I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 022A00012854

*please keep original file date*

*thank you!*



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**DATE:** 06/07/22

**NAME:** COSMETIC SMILES BY DESIGN CORP

**TYPE OF FILING:** ARTICLES

**COST:** 70.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A. Hodge*

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

**ARTICLE I NAME** COSMETIC SMILES BY DESIGN CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10621 N KENDALL DRIVE SUITE 114

MIAMI FL 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

DENTAL CLINIC

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JULIAN RUIZ RODRIGUEZ - PRESIDENT Name and Title: \_\_\_\_\_

Address 10621 N KENDALL DRIVE SUITE 114 Address: \_\_\_\_\_  
MIAMI FL 33176

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 AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JULIAN RUIZ RODRIGUEZ  
 Address: 10621 N KENDALL DRIVE SUITE 114  
MIAMI FL 33176

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JULIAN RUIZ RODRIGUEZ  
 Address: 10621 N KENDALL DRIVE SUITE 114  
MIAMI FL 33176

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent 06-06-2022  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 06-06-2022  
Date