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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

AAA Smiles Inc.

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AAA Smiles Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address22117 Montebello Drive, Boca Raton, FL 33433

Mailing address, if different is:

22117 Montebello Drive, Boca Raton, FL 33433**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Dental Office**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Etan Austein, Officer/Director

Name and Title: _____

Address 22117 Montebello Drive, Boca Raton, FL 33433

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: Vcorp Services, LLC
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Ethan Austein
Address: 22117 Montebello Drive, Boca Raton, FL 33433

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:

Miriam Nachison 11/01/2022
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.

Ethan Austein 11/01/2022
Required Signature/Incorporator Date

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FLORIDA