

To:

Page: 2 of 4

2024-06-07 19:20:52 GMT

1305324774

From: Yanet Avila

P24000038821

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000200859 3)))



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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SMILES TAMPA DENTAL CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 JUN -6 PM 4:15

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

2024 JUN -6 PM 5:16

**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: Smiles Tampa Dental Care INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5200 North Armenia  
Tampa, FL 33603

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Dental Office

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Karim Revoredo (Pres) Name and Title: \_\_\_\_\_

Address: 1425 Milan Ave Address: \_\_\_\_\_

Coral Gables, FL 33134 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

To:

Page: 4 of 4

2024-06-07 19:20:52 GMT

13053284774

From: Yanet Avila

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: Karim Revoredo  
Address: 1425 Milan Ave  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: Karim Revoredo  
Address: 1425 Milan Ave  
Coral Gables, FL 33134

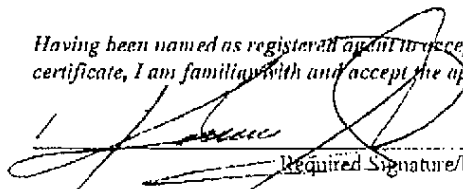
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/05/2024 (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.)

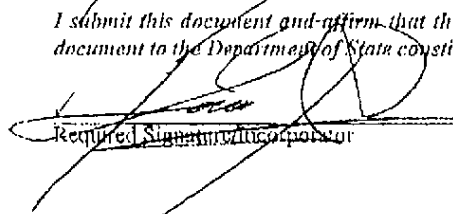
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/05/2024  
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

06/05/2024  
Date