

To:

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2024-06-20 19:34:17 GMT

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From: Yanet Avila

6/20/24, 3:21 PM

Division of Corporations

P24000042142

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
TIES AND SMILES CORP**

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1001
6/21

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

ARTICLE I NAMEThe name of the corporation shall be: TIES AND SMILES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address14425 SW 111 TER
MIAMI, FL 33186

Mailing address, if different is:

14425 SW 111 TER
MIAMI, FL 33186**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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELENA CASTRILLO HERNANDEZ- P

Name and Title: _____

Address 14425 SW 111 TER

Address: _____

MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ELENA CASTRILLO HERNANDEZ
Address: 14425 SW 111 TER
MIAMI, FL 33186

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

Name: ELENA CASTRILLO HERNANDEZ
Address: 14425 SW 111 TER
MIAMI, FL 33186


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

 06/20/2024
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.

 06/20/2024
Required Signature/Incorporator Date