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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
Inspire Smiles, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Inspire Smiles, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Stephanie E. Schreinman
Name (Printed or typed)

4065 Rockingham Dr
Address

Roswell, GA 30075
City, State & Zip

305-799-0064
Daytime Telephone number

Stephanie@dmscpa.net
E-mail address: (to be used for future annual report notification)

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

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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: Inspire Smiles, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2715 Fillmore Street

Mailing address, if different is:

Hollywood FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 7500 shares Common \$1.00 Par.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angelina Reus, President & Director

Address: 2715 Fillmore Street
Hollywood, FL 33020

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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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: Stephanie E. Scheinman, EA
Address: 3107 Peachtree Cir
Davie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie E. Scheinman, EA
Address: 3107 Peachtree Cir
Davie, FL 33328

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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stephanie E. Scheinman

Required Signature/Registered Agent

11-12-24

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.

Stephanie E. Scheinman

Required Signature/Incorporator

11-12-24

Date

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