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S. CHATHAM To: Division of Corporations Fax Number : (850)617-6381 Account Name : LAZARUS CORPORATE FILING SERVICE, INGAN 25 (32) Account Number : 120000000019 Phone From: : (305)552-5973 Phone Fax Number : (305)675-5944 **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 GG SMILE CLEANING SERVICE INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: 66 SMILE CLEANING SERVICE TNC ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: PL 5232 NW 113th ઝઝા 7 100 ARTICLE III SHARES: The number of shares of stock is: ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: 916 GODZS/PZ ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registe ed agent is: Snn2 S 16 12 113th ก/พ `C

ARTICLE VI INCORPORATOR: The name and address of the Incorporator, is: Yahaira son 29/12 5232 NW 113th P2 Doral FL 33178

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EIN: 33 - 3002837

<u>Required Signatures:</u>

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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

	Date
 RegisteredAgent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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.

Date corpórator ł ţ: . 2 . . : PH 3:18