

199000078775

Requestor's Name
Charles Lem
6620 NW 114th
Heathsville FL 33012
 City _____ Phone # _____

100002873661
 -08/30/99-01093-014
 *****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Happy Smile Dental Service, Inc
 (Corporation Name) _____ (Document #) _____
2. _____
 (Corporation Name) _____ (Document #) _____
3. _____
 (Corporation Name) _____ (Document #) _____
4. _____
 (Corporation Name) _____ (Document #) _____

☐ Walk in

☐ Mail out

☐ Pick up time _____

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 99 AUG 30 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9/3/99

ARTICLES OF INCORPORATION

FILED
99 AUG 30 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I - Name

The name of the corporation shall be: **Happy Smile Dental Service, Inc.**

ARTICLE II - Principal Office

The principal place of business and mailing address of this corporation shall be:

**1871 S.W. 22 Sreet
Miami, Florida 33145**

ARTICLE III - Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One hundred Shares (100), Common Stock, \$1.00 par value per share.

ARTICLE IV – Terms of Existence

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE V – Initial Registered Agent

The name and the street address of the initial registered agent is:

**Cecilio Leon
6020 N.W. 114 Street
Hialeah, Florida 33012**

ARTICLE VI – Incorporator(s)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

**Cecilio Leon
6020 N.W. 114 Street
Hialeah, Fl. 33012**

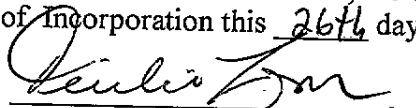
ARTICLE VII – Directors/Officers

The name(s) and street address(es) of the directors/officers to these Articles of Incorporation is(are):

President: Cecilio Leon
6020 N.W. 114 Street
Hialeah, FL 33172

Treasurer: Liarys Dominguez
337 20 Street, Apt 112
Miami Beach, FL 33139

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 26th day of AUGUST, 1999.


Cecilio Leon

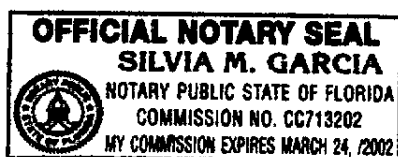
STATE OF FLORIDA }
 } SS.
COUNTY OF MIAMI DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared CECILIO LEON known to me and known by me to be the Person(s) who executed the foregoing Articles of Incorporation, and he/she acknowledge before me that he/she executed those articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 26th day of AUGUST, 1999.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is HAPPY SMILE DENTAL SERVICE, INC.

2. The name and address of the registered agent and office is:

CECILIO LEON

(NAME)

6020 NW 114 STREET

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL. 33012

(CITY/STATE/ZIP)

FILED
99 AUG 30 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

8/26/99

(DATE)