

From: L25000060892

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ACOSTA ESTEVEZ PROFESSIONAL SERVICES
Account Number : I20230000138
Phone : (305)592-5240
Fax Number : (305)592-5535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: acostaesteveracosta@gmail.com

**FLORIDA LIMITED LIABILITY CO.
SMILE PRO DENTAL SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

RECEIVED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SMILE PRO DENTAL SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:10688 SW 24TH STMIAMI, FL 33165**Mailing Address:**10688 SW 24TH STMIAMI, FL 33165**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

OSIEL CARDENAS

Name

10688 SW 24TH STFlorida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33165

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..

Osiel Cardenas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

OSIEL CARDENAS

10688 SW 24TH ST

MIAMI, FL 33165

MGR

SUSEL ALVAREZ FLEITES

10688 SW 24TH ST

MIAMI, FL 33165

MGR

FIDEL RODRIGUEZ GONZALEZ

10688 SW 24TH ST

MIAMI, FL 33165

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Osiel Cardenas

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

OSIEL CARDENAS

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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