# Electronic Articles of Organization For Florida Limited Liability Company

L25000219912 FILED 8:00 AM May 08, 2025 Sec. Of State tjhowell

## Article I

The name of the Limited Liability Company is: SMILE OUT WIDE DENTAL CLINIC LLC

### **Article II**

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

4530 S. ORANGE BLOSSOM TRAIL SUITE 589 ORLANDO, FL. US 32839

The mailing address of the Limited Liability Company is:

4530 S. ORANGE BLOSSOM TRAIL SUITE 589 ORLANDO, FL. US 32839

#### **Article III**

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

HAYMAN-WOODWARD TAX SERVICES LLC 200 SOUTH ORANGE AVENUE SUITE 770 ORLANDO, FL. 32801

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.

Registered Agent Signature: ANA VICTORIA CAMPOS

# **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR LIZZIE RAMOS MORETTI SILVER 2201 TAYLOR POND LN BEDFORD, MA. 01730 US

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# **Article V**

The effective date for this Limited Liability Company shall be:

05/08/2025

Signature of member or an authorized representative

Electronic Signature: LIZZIE RAMOS MORETTI SILVERIO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.