

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF ORGANIZATION**

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**Engineered Smiles, LLC**

**a Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **01/06/2017** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 01/25/2017



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Articles of Organization  
of  
Engineered Smiles, LLC

RECEIVED  
SECRETARY OF STATE  
INTAKE DIVISION  
2017 JAN -6 AM 11:15

**Article 1**

The name of the limited liability corporation is:

Engineered Smiles, LLC

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on

1/1/2017  
(Date)

David C. Wang  
David C. Wang  
(Member)



Brian P. Kemp  
Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE  
Suite 313 West Tower  
Atlanta, Georgia 30334  
(404) 656-2817  
sos.ga.gov

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TRANSMITTAL INFORMATION FORM  
GEORGIA LIMITED LIABILITY COMPANY

**IMPORTANT:** Please provide the entity's primary email address when completing this form.

Primary Email Address:  davidcwangdmd@gmail.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1.    
LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)  
 Engineered Smiles, LLC   
LLC Name (List exactly as it appears in articles.)

2.  David C. Wang   
Name of Person Filing Articles of Organization (Certificate will be emailed to this person at address listed below.)  
 1140 Ashton Trce NE   Atlanta, GA   30319   
Address City State Zip Code  
 davidcwangdmd@gmail.com   404-729-0658   
Filer's Email Address Telephone Number

3.  670 Johnson Ferry Rd   
Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)  
 Marietta   GA   30068   
City State Zip Code

4.  David C. Wang   
Name of Registered Agent in Georgia  
 670 Johnson Ferry Rd   
Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)  
 Marietta   Cobb   GA   30068   
City County State Zip Code  
 davidcwangdmd@gmail.com   
Registered Agent's Email Address

5. Name and Address of Each Organizer (Attach additional sheets if necessary.)

<u> David C. Wang </u>	<u> 1140 Ashton Trce NE </u>	<u> Atlanta </u>	<u> GA </u>	<u> 30319 </u>
Organizer	Address	City	State	Zip Code
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Organizer	Address	City	State	Zip Code

6. Mail the following items to the Secretary of State at the above address:
- 1) This transmittal form;
  - 2) The Articles of Organization; and
  - 3) Filing fee of \$100.00 payable to Secretary of State. Filing fees are non-refundable.

I understand that the information on this form will be entered in the Secretary of State business entity database, and I certify that the above information is true and correct to the best of my knowledge.

David C. Wang   
Signature of Authorized Person  
 David C. Wang   
Print name

1/1/2017   
Date