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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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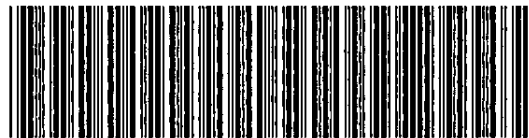
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MD 9/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Icing Smiles, Inc.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Tracy Quisenberry
Name of Person

Icing Smiles, Inc.
Firm/Company

4725 Dorsey Hall Dr. #807
Address

Ellicott City, MD 21042
City/State and Zip Code

tracy@icing smiles.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Quisenberry at (443) 326 3569
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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1. icing Smiles, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Onio 3. 27-1158710
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/14/09 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14894 Michele Dr. Glenelg, MD 21737
(Principal office address)

4725 Dorsey Hall Dr. #807, Ellicott City, MD 21042
(Current mailing address)

8. To provide custom celebration cakes to critically ill children.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: [Signature]
(Registered agent's signature) Ryan Black, Asst. Sec.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

See attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

see attached

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Tracy Ouisenberry*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. *Tracy Ouisenberry Executive Director*
(Typed or printed name and capacity of person signing application)

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Icing Smiles, Inc.
27-1158710
Attachment
Officers, Directors, Trustees & Executives

Ryan Wilkins
President
259 Kastlekove Dr.
Lewis Center, OH 43035
614-205-9970

Tracy Quisenberry
Executive Director
14894 Michele Dr.
Glenelg, MD 21737
443-326-3569

Elisa Strauss
420 West End Avenue, Apt 8A
New York, NY 10024
917-678-7091

Charity Pykles-George
8921 Moisan Way
La Mesa, CA 91941
602-502-5220

Cathy Greenland
214 Rock Glen Rd.
Wynnewood, PA 19096
215-898-1942

Edward Brooks
2230 SW 27th Ave
Apt 1103
Miami, FL 33133
301-346-8793

Tracy Donate
9201 Matthew Drive
Manassas Park, VA 20111
703-392-9220

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Christopher Bork
9511 William Little Dr.
Lakeland, TN 38002
901-355-4613

Kim Grimm
14340 Tridelphia Mill Rd.
Dayton, MD 21036

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**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

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TALLAHASSEE, FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ICING SMILES, INC., an Ohio not for profit Corporation, Charter No. 1889175, having its principal location in Powell, County of Delaware, was incorporated on October 14, 2009, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of May, A.D. 2013.

Jon Husted

Ohio Secretary of State