

N 16000000962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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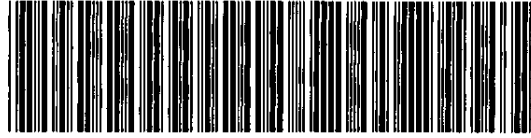
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/2/16

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A Book and A Smile, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Leonardo P Mendez, Esq.
Name (Printed or typed)

PO Box 330402
Address

Miami, FL 33233
City, State & Zip

786-346-0864
Daytime Telephone number

leopmendez@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: A Book and A Smile, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

4750 Sunset Drive, Miami, FL 33143

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized exclusively for charitable, scientific and educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code, as may be amended. The purpose of this non-profit corporation is to provide children who are being treated for or recovering from serious injuries and illnesses with free booklets (or other appropriate media) written and illustrated by other children or adults, preferably by children of similar age groups and/or ethnicity, to be read and enjoyed by the children as a showing of support and to help the children cope with the emotional, physical, and spiritual challenges they will have to face to deal with such injuries and illnesses. It is the further intent of this corporation to apply for and obtain status as a charitable organization under § 501(c)(3) of the Internal Revenue Code as amended and to continue in compliance with all federal, state and local laws to maintain such status.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS The officers and directors shall be selected as provided in the Bylaws of the corporation but shall never be less than three (3). The initial officers and directors are:

Name and Title: Teresita B Machado, President Name and Title: Sophia T Machado, VP

Address 4750 Sunset Drive, Miami, FL 33143 Address: 4750 Sunset Drive, Miami, FL 33143

Name and Title: Umberto B Machado, Director Name and Title: Maximillian K Machado, Director

Address 4750 Sunset Drive, Miami, FL 33143 Address: 4750 Sunset Drive, Miami, FL 33143

Article VI Dissolution of the Corporation

Upon dissolution and upon payment or adequate discharge of all liabilities and obligations, the assets of the Corporation shall be distributed for one or more exempt purposes within the meaning of § 501(c)(3) of the Internal Revenue Code, as amended, or shall be distributed to a State or the Federal government for a public purpose.

ARTICLE VII REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Leonardo P Mendez, Esq.
Address: 4750 Sunset Drive, Miami, FL 33143

ARTICLE VIII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Teresita B Machado
Address: 4750 Sunset Drive, Miami, FL 33143

ARTICLE IX EFFECTIVE DATE:

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 or 90 business days after the 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.

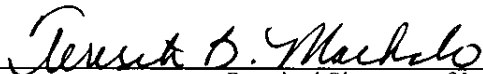
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

January 12, 2016
Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

January 12, 2016
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA