

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Smiles, L.C.

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\*\*\*\*285.00 \*\*\*\*285.00

L99-1814

Name	OR 331
Availability	
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Underwriter	
Verifier	
Acknowledgement	
W. P. Verifier	

Signature

Requested by:

Name

Date

Time

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Art of Inc. File	
LTD Partnership File	
Foreign Corp. File	
<input checked="" type="checkbox"/> L.C. File	
Fictitious Name File	
Trade/Service Mark	
Merger File	
Art. of Amend. File	
RA Resignation	
Dissolution / Withdrawal	
Annual Report / Reinstatement	
<input checked="" type="checkbox"/> Cert. Copy	
<input checked="" type="checkbox"/> Photo Copy	
Certificate of Good Standing	
Certificate of Status	
Certificate of Fictitious Name	
Corp Record Search	
Officer Search	
Fictitious Search	
Fictitious Owner Search	
Vehicle Search	
Driving Record	
UCC 1 or 3 File	
UCC 11 Search	
UCC 11 Retrieval	
Courier	

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DIVISION OF CORPORATIONS  
99 MAR 31 PM 12:13



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 30, 1999

CAPITAL CONNECTION

SUBJECT: SMILES, L.C.  
Ref. Number: W99000007587

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We have received your document for SMILES, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 999A00015971

Corrected

**ARTICLES OF ORGANIZATION  
OF**

**Smiles 'N Sun, L.C.**

**a Limited Liability Company  
Organized Under the Laws of the  
State of Florida**

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The undersigned Authorized Representative of the sole member of the Limited Liability Company subscribes to these Articles of Organization to form a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I**

The name of the Limited Liability Company shall be Smiles 'N Sun, L.C.

**ARTICLE II**

The Limited Liability Company shall have perpetual duration.

**ARTICLE III**

The Limited Liability Company's initial mailing address and the street address of its initial principal office are:

Suite 200  
220 North Palmetto Avenue  
Orlando, Florida 32801

**ARTICLE IV**

The street address of the initial registered office of this corporation and the name of its registered agent at such address are as follows:

Registered Agent: J. Wayne Crosby

Registered Office: Suite 200  
220 North Palmetto Avenue  
Orlando, Florida 32801

#### ARTICLE V

Additional members shall be admitted only upon the prior written consent of the sole member of the Limited Liability Company.

#### ARTICLE VI

The members remaining, if any, may continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any other member, or the occurrence of any other event which terminated the continued membership of any other member in the Limited Liability Company.

#### ARTICLE VII

The Limited Liability Company is to be managed by its sole member, whose name and address are:

The FORMISON Trust  
U/D/T dated August 25, 1997  
The Private Trust Corporation Limited  
Charlotte House  
Charlotte Street  
P.O. Box N-65  
Nassau, Bahamas

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#### ARTICLE VIII

The undersigned Authorized Representative of the sole member certifies that:

- 1) The Limited Liability Company has at least one member;
- 2) The total amount of cash contributed by its sole member is \$100.00 ;
- 3) No property other than cash has been contributed by its sole member;
- 4) The total amount of cash and property contributed and anticipated to be contributed by its sole member is \$ 100.00.

WITNESS my hand and seal this 29<sup>th</sup> day of March, 1999.

*J. Wayne Crosby*

J. WAYNE CROSBY, as  
Authorized Representative of the Sole  
Member

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County aforesaid to take acknowledgments, personally appeared J. WAYNE CROSBY, the person described as Authorized Representative of the sole member of the Limited Liability Company to the foregoing Articles of Organization, who is personally known to me OR who has produced FL Driver # C621-439-46-0948 as identification and who did (did not) take an oath, and who executed the same and acknowledged before me that he subscribed to those Articles of Organization.

*Sealed this 29<sup>th</sup>  
day of March, 1999.*

*[Signature]*

NOTARY PUBLIC

State of Florida

My Commission expires:

Commission No.:



Tamara Hill Theriot  
Commission # CC 813205  
Expires Feb. 28, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

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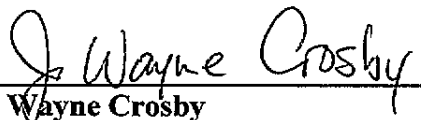
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Smiles 'N Sun, L.C.
2. The name and the Florida street address of the registered agent are:

Registered Agent:	J. Wayne Crosby
Registered Office:	Suite 200 220 North Palmetto Avenue Orlando, Florida 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.

  
\_\_\_\_\_  
J. Wayne Crosby

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