

NO7000011832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

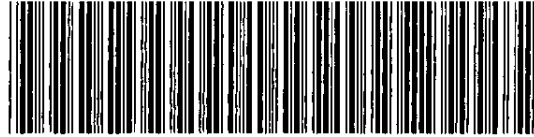
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

EFFECTIVE DATE 1/1/2008

Office Use Only



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11/28/07--01024--007 \*\*78.75

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07 DEC 10 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS  
12/11/07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2007

MARY ELLIS  
1148 BUENA VISTA DR.  
HOLLY HILLS, FL 32117

SUBJECT: PROJECT CHILD SMILES  
Ref. Number: W07000058552

We have received your document for PROJECT CHILD SMILES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen Saly  
Regulatory Specialist II  
New Filing Section

Letter Number: 307A00068191

## COVER LETTER

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

SUBJECT: Project Child Smiles, 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: Mary Ellis  
Name (Printed or typed)

1148 Buena Vista Dr  
Address

Holly Hill FL 32117  
City, State & Zip

386-366-0781  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Project Child Smiles, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

1148 Buena Vista Dr  
Holly Hill FL 32117

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

see Attached -

EFFECTIVE DATE 1/1/2008

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors are  
Appointed by the President

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Mary Ellis - President 1148 Buena Vista Dr Holly Hill FL 32117  
Sherry Dorough - Vice-President P.O. Box 1638 Romoland CA 92585  
Jamie Flynn - Treasurer - 2531 8th Ave Bradenton FL 34205  
RENNE SCHMIDT - Secretary - 2005 Dogwood Dr McMinnville, TN - 37110

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Mary Ellis  
1148 Buena Vista Dr  
Holly Hill FL 32117

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mary Ellis  
1148 Buena Vista Dr  
Holly Hill FL 32117

**ARTICLE VIII**

Effective: JANUARY 1, 2008

\*\*\*\*\*  
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.

Mary Ellis  
\_\_\_\_\_  
Signature/Registered Agent

11-21-07  
\_\_\_\_\_  
Date

Mary Ellis  
\_\_\_\_\_  
Signature/Incorporator

11-21-07  
\_\_\_\_\_  
Date

**Purpose**

**Said Corporation is Organized if exclusively for Charitable  
Religious,  
Educational, Scientific purposes,  
including, for such purposes, the making of Distribution to  
organizations  
That Qualify as Exempt Organizations  
Under 501 (C) (3) of the Internal revenue code, or the  
corresponding  
Section of future federal tax code**

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