

*No8000006832*

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

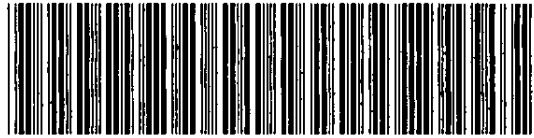
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 18 AM 7:34

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## COVER LETTER

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

SUBJECT: Chelsey's Box of 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: Stacy DeLeon  
Name (Printed or typed)

1741 NW 3rd Ave  
Address

Homestead FL 33030  
City, State & Zip

305-246-3466  
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: Chelsey's Box of smiles

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1741 NW 3rd Ave  
Homestead FL 33030

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide gifts to sick children that are Hospital bound. Gifts such as Books, Bibles, Toys, coloring Books and Crayons.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be appointed

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Chelsey DeLeon, Founder/CEO  
1741 NW 3rd Ave  
Homestead FL 33030

Stacy DeLeon, President  
1741 NW 3rd Ave  
Homestead FL 33030

Director,  
Raul DeLeon  
1741 NW 3rd Ave  
Homestead FL 33030

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Stacy DeLeon  
1741 NW 3rd Ave  
Homestead FL 33030

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stacy DeLeon  
1741 NW 3rd Ave  
Homestead FL 33030

\*\*\*\*\*

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.

Stacy DeLeon  
Signature/Registered Agent

7/15/08  
Date

Stacy DeLeon  
Signature/Incorporator

7/15/08  
Date

FILED  
2008 JUL 18 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA