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13 JUL 11 PM 4: 15

or 7/17/13

COVER LETTER

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

SUBJECT: SMAK	(IDS, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar \square \$78.75	ticles of Incorporation and	a check for :
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRE	

FROM: Roland Jackson
Name (Printed or typed)

2626 Buckhorn Preserve Blvd.
Address

Valrico, FL 33596
City, State & Zip

813-789-4542
Daytime Telephone number

skskinfo1@verizon.net

E-mail address: (to be used for future annual report notification)

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

13 JUL II PN 4: 15

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

ARTICLE I The name of the	NAME SMAKIDS, In	C.	SECRETA BIVISION CE	FILEU RY OF STATE CORPORATIONS
ARTICLE II	PRINCIPAL OFFICE			I PM 4: 15
	Principal street address: Buckhorn Preserve Blvd. Fico, FL 33596		Mailing address, if different is:	
	PURPOSE r which the corporation is organized is: d migrant students, assist teacher			
books and	supplies to local schools, and educ	cate teachers	in how to instill discipline and	responsibility
within their s	tudents. The corporation is organized exc	lusively for cha	itable, religious, educational and sci	entific purposes,
including for	such purposes, the making of distrib	utions to orga	nizations that qualify as an exemp	ot organization
under sectio	n 501(c)(3) of the Internal Revenue Co	ode, or the corr	esponding section of any future fe	deral tax code.
ARTICLE IV As set forti ARTICLE V Name and Title	in the bylaws INITIAL OFFICERS AND/OR DIF		Maribel Gutierrez Finance / Admin Director	
Address	2626 Buckhom Preserve Blvd.	Address: _	3102 Sammonds Rd. Apt. 34	_
7 Rudi OSS	Valrico, FL 33596		Valrico, FL 33596	-
Name and Title: Address	Christy Collins Marketing Director	Address: _	Rebecca Williams Human Resources Director	_
	4602 Rocky Mountain Rd.		333 Falkenburg Road N., Unit B-233	_
	Valrico, FL 33596		Tampa, FL 33619	-
Name and Title	Cecilia Griess Research Director 4630 Gallagher Road	Name and Title		- -

Name and Title:_		Name and Title:		
Address				
_		**************************************	- -	
Name and Title:]	Name and Title:		
Address		Address:	_	
_			-	
_				
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Roland Jackson	,		
Address:	2626 Buckhorn Preserve B	Blvd.	13	SIAIE 35
	Valrico, FL 33596		JE	
ARTICLE VII	INCORPORATOR		=	
The name and add	dress of the Incorporator is:		2	₹ <u>₩</u>
Name:	Roland Jackson		f: 15	STAT)RAT
Address:	2626 Buckhorn Preserve E	Blvd.	O1	LEO RY OF STATE CORPORATIONS
	Valrico, FL 33596			
		f process for the above stated corporation at the place registered agent and agree to act in this capacity	design	nated in this
770	0	7/5/1	201=	२
	Required Signature of Registered A	agent Date	01	
I submit this docu to the Department	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am aware that any false information submi	itted in	a document
•	Por	71/17	A /-	7
	Paguirad Compture of Land	1/5/0	<u>U/2</u>	<u>5</u>
	Required Signature of Incorpo	Date Date		