N14000008316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)
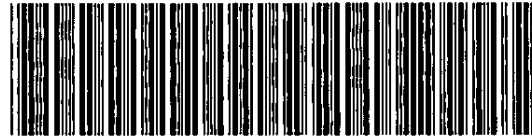
(Document Number)

Certified Copies _1_ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600263957766

09/09/14--01011--011 **87.50

FILED
2014 Sept-2 PH 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **The Smile Team Inc.**

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: **Kelley Thorp**

Name (Printed or typed)

15416 NW 45th Place

Address

Newberry, FL 32669

City, State & Zip

352-371-6703

Daytime Telephone number

kelley@spiritteam.com

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

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2014

KELLEY THORP
15416 NW 45TH PLACE
NEW BERRY, FL 32669

SUBJECT: THE SMILE TEAM INC.
Ref. Number: W14000051634

We have received your document for THE SMILE TEAM INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	$35.00
Registered Agent Designation	$35.00
Certified Copy	$8.75
Certificate of Status	$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II   Letter Number: 814A00018161

So Sorry, I was copying the Check for my records & realized I left it in the copies.

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

ARTICLE I   NAME
The name of the corporation shall be: **The Smile Team Inc.**

FILED
2014 SEP -2 PM 3: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II   PRINCIPAL OFFICE

Principal street address:
15416 NW 45th Place

Newberry, FL 32669

Mailing address, if different is:

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: to obtain donations that will be distributed to charitable organizations, national and international, that are caring for children born with cleft lip and or palate as well as other craniofacial anomalies in all parts of the world.

ARTICLE IV   MANNER OF ELECTION   The manner in which the directors are elected and appointed: They are appointed by founders Kelley Thorp, and James Thorp

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelley Thorp, President

Address: 15416 NW 45th Place
Newberry, Fl 32669

Name and Title: James Thorp, Vice President

Address: 15416 NW 45th Place
Newberry, Fl 32669

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

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

Name: **Kelley Thorp**

Address: **15416 NW 45th place**

             Newberry, Fl 32669

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

Name: **Kelley Thorp**

Address: **15416 NW 45th place**

             Newberry, Fl 32669

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

_____ $\frac{8}{16}$ / 14
Required Signature of Registered Agent   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.

_____ $\frac{8}{16}$ / 14
Required Signature of Incorporator   Date