

**N1700000897**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SMILES PER GALLON INC.**

Certificate of Status	0
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JAN 27 2017

K. Brumbley

## ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME**The name of the corporation shall be: Smiles Per Gallon Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:11844 SW 100<sup>th</sup> Street

Mailing address, if different is:

Miami FL 33186 same as Principal**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To provide cars (new), gas, and transportation for students that have outstanding grades (and have a valid drivers license) and for low income family houses.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By the laws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marcel Delgado - President Name and Title: \_\_\_\_\_Address: 11844 SW 100<sup>th</sup> ST Address: \_\_\_\_\_Miami FL 33186Name and Title: Andrea Blanco Vice President Name and Title: Jorge Hernandez (T)Address: 11844 SW 100<sup>th</sup> ST Address: 11844 SW 100<sup>th</sup> STMiami FL 33186Miami FL 33186Name and Title: Albert Tamargo Director Name and Title: \_\_\_\_\_Address: 11844 SW 100<sup>th</sup> ST Address: \_\_\_\_\_Miami FL 33186FILED  
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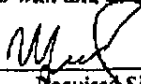
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Marcel Delgado  
Address: 11844 SW 100<sup>th</sup> Street  
Miami FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Marcel Delgado  
Address: 11844 SW 100<sup>th</sup> Street  
Miami FL 33186

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

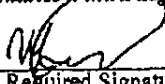


Required Signature of Registered Agent

1/27/17

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.



Required Signature of Incorporator

1/27/17

Date

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