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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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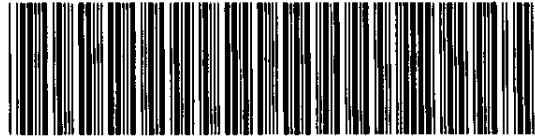
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Sourire Réalisé, Co.
(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: Susel Ramus
Name (Printed or typed)

933 Diplomat Pkwy E
Address

Cape Coral, FL 33909
City, State & Zip

(239) 240-2353
Daytime Telephone number

Sourirerealise@gmail.com
E-mail address: (to be used for future annual report notification)

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: Sourire Réalisé, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

933 Diplomat Pkwy E
Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A scholarship and mentorship program using photography in order to achieve snags, success, and smiles. The purpose of Sourire Réalisé, Co. is to help minority students with prepare for college/university and guide them through the application and scholarship process.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Unanimous

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susel Ramos, President & Founder Name and Title: _____

Address: 933 Diplomat Pkwy E Address: _____
Cape Coral, FL 33909

Name and Title: Olga Ramos, VP Name and Title: _____

Address: 933 Diplomat Pkwy E Address: _____
Cape Coral, FL 33909

Name and Title: Omar Ramos, Sec + Treasurer Name and Title: _____

Address: 933 Diplomat Pkwy E Address: _____
Cape Coral, FL 33909

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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: Susel Ramos

Address: 933 Diplomat Pkwy E
Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Susel Ramos

Address: 933 Diplomat Pkwy E
Cape Coral, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/11/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Susel Ramos
Required Signature of Registered Agent

4/11/17
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.

Susel Ramos
Required Signature of Incorporator

4/11/17
Date