

1/8/2020

Division of Corporations

N20000000229

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000008452 3)))



H200000084523ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
Account Number : 120100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED

2020 JAN -8 PM 4:44

DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FUNDACION FOREVER SMILE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 JAN -8 PM 4:50

FILED

5/2

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME**

The name of the corporation shall be: FUNDACION FOREVER SMILE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7540 LOCH NESS DRIVE

MIAMI LAKES FL 33014

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO HELP KIDS THAT THEY ARE SUFFERING FROM CANCER OR CRITICAL ILLNESS

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NILEDYS SANTANA GARCIA

Name and Title: PRESIDENT

Address: 7540 LOCH NESS DRIVE

Address:

MIAMI LAKES FL 33014

Name and Title: ALEXANDER BOZO

Name and Title: V-P

Address: 7540 LOCH NESS DRIVE

Address:

MIAMI LAKES FL 33014

Name and Title: ALEXIS BOZO

Name and Title: SECRETARY

Address: 7540 LOCH NESS DRIVE

Address:

MIAMI LAKES FL 33014

Name and Title: ALEX BOZO Name and Title: \_\_\_\_\_  
Address: 7540 LOCH NESS DRIVE Address: \_\_\_\_\_  
MIAMI LAKES FL 33014 \_\_\_\_\_  
\_\_\_\_\_  
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: NILEDYS SANTANA GARCIA  
Address: 7540 LOCH NESS DRIVE  
MIAMI LAKES FL 33014

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

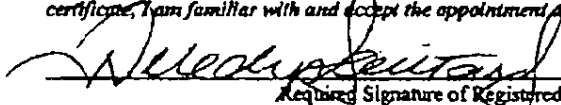
Name: NILEDYS SANTANA GARCIA  
Address: 7540 LOCH NESS DRIVE  
MIAMI LAKES FL 33014

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/08/2020 (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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

1/8/2020  
\_\_\_\_\_  
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

1/8/2020  
\_\_\_\_\_  
Date