

OF ONLY (Document #)

ARLUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

700002561087--7

-06/16/98-01081--022

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SMILES R US INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

Examiner's Initials

FILED

98 JUN 16 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
FOR**

SMILES R US, INC.

**A Corporation Not for Profit**

The undersigned acting as incorporators of a corporation pursuant to chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be:

SMILES R US, INC.

**ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The principal place of business and the mailing address of this corporation shall be:

5821 SW 95 CT  
Miami, Fl 33165

**ARTICLE III PURPOSES**

The specific purpose(s) for which the corporation is organized is (are):

This corporation shall be directed to help thousands of infants and young children with Cancer to soothe the pain during their hospital stays; Also with the purpose to reach those untouched by care, waiting for support but can not get it because of lack of funds.

To provide once a month minimum activities as such children birthday wish list, gathering, Puppets shows, music, clowns, character shows and any activities that the directors may considered to bring some childhood life that unfortunately has been taken away from these Children suffering with such disease. furthermore, care for Victims immediate needs: T-shirt, sleeping cloth and etc.

This is a non-stock, non-profit corporation. The purpose of the corporation is to engage in any lawful act or activity for which non-profit corporation may be organized under the General Corporation Law of Florida.

Said corporation is organized exclusively for charitable, religious, education, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of Internal Revenue Code Of 1954 (or corresponding provision of any future United States Internal Revenue Law)

#### **ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is as follow:

The Board of Directors shall be elected by the members at the annual meeting of the Corporation to be held on such date as the Bylaws, and shall hold office until their Successors are respectively elected and qualified. The Bylaws shall specify the number Of directors necessary to constitute a quorum

#### **ARTICLES V LIMITATION OF CORPORATE POWERS**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

#### **ARTICLE VI INITIAL REGISTER AGENT AND STREET NUMBER**

The name and the street address of the initial register agent is:

Shirley Lara  
5821 S.W. 95 Ct  
Miami, Fl 33165

#### **ARTICLE VII NCORPORATORS**

The names and street addresses of the incorporators for these Articles of Incorporation are:

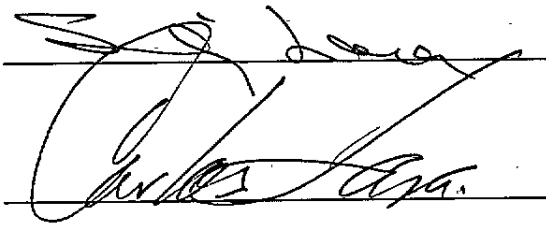
Shirley Lara (Pres/ Trs)  
5821 S.W. 95 Ct  
Miami, Fl 33165

Carlos Lara (V.P./ Sec)  
5821 S.W. 95 Ct  
Miami, Fl 33165

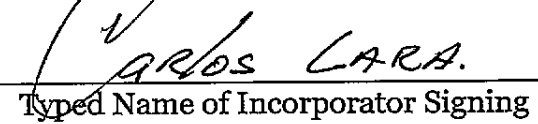
The undersigned incorporators have executed these Articles of Incorporation this

14<sup>th</sup> day of June, 1998.

Signatures of the Incorporators



Shirley Lara  
Typed Name of Incorporator Signing

  
Typed Name of Incorporator Signing

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SMILES R US, INC.
2. The name and address of the registered agent and office is:  
Shirley LARA  
(NAME)  
5821 S.W. 95 CT  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33165  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

DATE 6-14-98

**FILED**  
98 JUN 16 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00