P03000140608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000024721400

11/19/03--01028--013 **78.75

FILED
03 NOV 19 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Smiley's Healthy Life Productions, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Ben Campen
Name (Printed or typed)

5348 NW 9th Lane
Address

Gainesville, FL 32605
City, State & Zip

352-375-4152 (C) 352-262-5348
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
03 NOV 19 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SMILEY'S HEALTHY LIFE PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5348 N.W. 9th Lane, Gainesville, FL 32605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

(D) Ashley M.C. Carroll, 13714 Alesbury Ct., Jacksonville, FL 32222

(P,S,D) Ben Campen, 5348 NW 9th Lane, Gainesville, FL 32605

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Ben Campen, 5348 N.W. 9th Lane, Gainesville, FL 32605

ARTICLE VII INCORPORATOR

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

Ben Campen, 5348 N.W. 9th Lane, Gainesville, FL 32605

****

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

Signature/Registered Agent — Date: 11/18/03

Signature/Incorporator — Date: 11/18/03