

PO3000 140608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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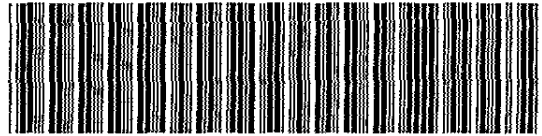
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

am 12/1

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)

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/mailling 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 3222

(P,S,D) Ben Campen, 5348 N.W. 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

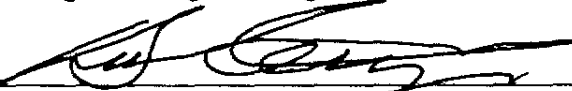
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/18/03

Date



Signature/Incorporator

11/18/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA