

PO6000066896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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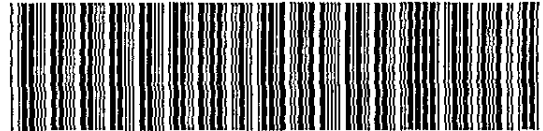
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 MAY 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Smile-N-Bearit, Corp.

(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: Emily A. Feigenbaum, Esq.

Name (Printed or typed)

One East Broward Blvd. Suite 604

Address

Fort Lauderdale, FL 33301

City, State & Zip

(954) 713-2828

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:

Smile-N-Bearit, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1965 NW 20th St. #102

Delray Beach, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Product Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Florence L. Krantz

1965 NW 20th St. #102

Delray Beach, FL 33445

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Florence L. Krantz

1965 NW 20th St. #102

Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Florence L. Krantz

1965 NW 20th St. #102

Delray Beach, FL 33445

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

Florence L. Krantz
Signature/Registered Agent

Florence L. Krantz
Signature/Incorporator

FILED
2006 MAY 12 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-9-06
Date
5-9-06
Date