# P06000108959

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SECRETARY OF STATE DIVISION OF COPPORATIONS

NUG 17 PM 4: 16

# **COVER LETTER**

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



SUBJECT:	SMILING FACES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
<b>\$70.00</b>	\$78.75	\$78.75	X \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
<b>3</b>	& Certificate of Status	& Certified Copy	Certified Copy
,		17	& Certificate of
· , · · ·			Status
		ADDITIONAL CO	OPY REQUIRED
		`	
FROM:	Gary Galligar		
	Name	(Printed or typed)	
	11054 Wanderin	o Oalra Dw	
		Address	
	•		
	Jacksonville, FL 32257		
	City	, State & Zip	
	904-742-0807		
	Daytime 1	l'elephone number	

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2006

GARY GALLIGAR 11054 WANDERING OAKS DR. JACKSONVILLE, FL 32257

SUBJECT: SMILING FACES, INC. Ref. Number: W06000034409

We have received your document for SMILING FACES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filing Section

Letter Number: 806A00048838

#### ARTICLES OF INCORPORATION

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

# SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### ARTICLE I NAME

Marie Contract

The name of the corporation shall be:

Smiling Faces, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11054 Wandering Oaks Dr. Jacksonville, FL 32257

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing Services

#### 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):

Gary Galligar 11054 Wandering Oaks Dr. Jacksonville, FL 32257

#### ARTICLE VI REGISTERED AGENT

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

Gary Galligar 11054 Wandering Oaks Dr. Jacksonville, FL 32257

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Gary Galligar 11054 Wandering Oaks Dr. Jacksonville, FL 32257

**************	
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered of	
Signature/Registered Agent	7 38 06 Date

Signature/Incorporator

7 3 0 / 0 6

Signature/Incorporator

Date