

PO8 000099385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

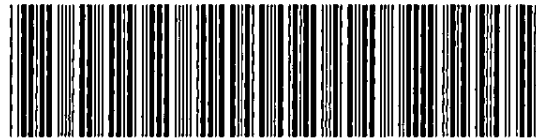
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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B. KOHR
NOV - 6 2008
EXAMINER



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11/06/08--01004--004 **122.50

RECEIVED
08 NOV - 6 AM 10:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Charter Number Only

11/5/08

Samuel Spencer Blum

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

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CORPORATION(S) NAME

COCO SMILE, LLC

LO8000015326

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Amendment
- Dissolution
- Annual Report
- Reservation
- Merger
- Mark
- Other
- Change of Registered Agent

- Certified Copy
- Photo Copies
- Certificate Under Seal

- Call When Ready
- Will Wait
- Pick-Up
- Call If Problem
- After 4:30
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coco Smile, Inc.
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with 607.1115, F.S.

Please return all correspondence concerning this matter to:

Joel K. Slater
(Contact Person)

(Firm/Company)

243 West Sabal Palm Place
(Address)

Longwood, Florida 32779
(City, State and Zip Code)

For further information concerning this matter, please call:

Joel K. Slater at (407) 467-9225
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Coco Smile, LLC

LOG000015326

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on February 12, 2008

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Coco Smile, Inc.

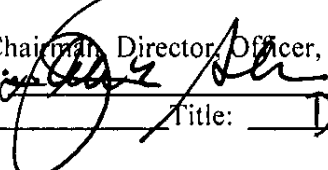
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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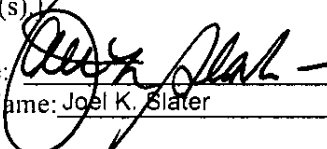
Signed this 3 day of Nov., 20 08.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: Joel K. Slater Title: DIRECTOR, PRES. SEC.

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:  -
Printed Name: Joel K. Slater Title: MANAGER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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:

Coco Smile, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

243 West Sabal Palm Place, Longwood, Florida 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

real estate investment

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):

Joel K. Slater, Director, President, Secretary
243 West Sabal Palm Place
Longwood, Florida 32779

ARTICLE VI REGISTERED AGENT

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

Samuel Spencer Blum, Esquire
2666 Tigertail Avenue
Suite 106
Coconut Grove, Florida 33133

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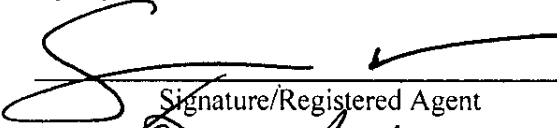
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ARTICLE VII INCORPORATOR

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

Joel K. Slater, 243 West Sabal Palm Place, Longwood, Florida 32779

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



Signature/Incorporator

11-3-08
Date

10-15-08
Date