

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	70 P
To:	. 22
	Division of Corporations
	Fax Number : (850)617-6381
From:	5.
	Account Name : EXPRESS CORPORATE FILING SERVICE INC
	Account Number : 12000000146
	Phone : (305)444-4994
	Fax Number : (305)444-4977
	l address for this business entity to be used for future ort mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION SM CREATIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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Help

ARTICLE I	NAME	
The name of the corpor	ation shall be:	
SM CREATIONS, IN	TC.	
ARTICLE II	PRINCIPAL OFFICE	
	lress and mailing address, if different is:	
1818 SW 1 ST AVE -# 9 MIAMI FL 33129	03	
ARTICLE III	PURPOSE	
	the corporation is organized is:	APR AR
	we conformate as organizate in	22 #A
ANY AND ALL LAV	VFUL BUSINESS	Srj ≺
) TO THE OUT TO THE		→ 10 0
ARTICLE IV The number of shares of	SHARES	교 등
The number of shares of	L SIOCK 1S.	<u>. a</u>
SHARES: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	PROPE
List names(s), address(- I ONG
MIAMI FL 33129		
ARTICLE VI	REGISTERED AGENT	
The <u>name and Florida</u>	street address (P.O. Box NOT acceptable) of the	registered agent is:
SILVANA MASSOL	n	
1818 SW 1 ST AVE -#9		
MIAMI FL 33129		
ARTICLE VII	INCORPORATOR	
The name and address		
	?	
SILVANA MASSOL 1818 SW 1 ^{\$T} AVE -#9	0	
MIAMI FL 33129	us .	
*****		*******
Having oeen named designated in this certif	as registered agent to accept service of process for cated, I am familiar with and accept the appointme	the above stated corporation at the place ont as registered agent to act in this capa
dout	lelie	4/22/2010
Signature/Regi	stered Agent	Date
1 .	•	
Deil		4/22/2010
Signature/Inco	waysto w	Date