

P/5000031033

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.

((H15000084790 3)))



H150000847903ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
IT SMILES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

04/07/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR - 6 AM 8:56

15 APR - 6 PM 4:56

15 APR - 6 AM 8:56

ARTICLES OF INCORPORATION **OF**

IT SMILES, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: **IT SMILES, INC.**

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	LUIS PAJARES				
ADDRESS	17525 PINES BLVD				
CITY	PEMBROKE PINES	STATE	FL	ZIP	33029

The principal office, if known or the mailing address of the corporation is:

NAME	LUIS PAJARES				
ADDRESS	17525 PINES BLVD				
CITY	PEMBROKE PINES	STATE	FL	ZIP	33029

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

NAME	LUIS PAJARES		
ADDRESS	17525 PINES BLVD		
CITY	PEMBROKE PINES	STATE	FL ZIP 33029
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 15 APR - 6 AM 8:56

ARTICLE VII - INCORPORATORS


The name and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	LUIS PAJARES		
ADDRESS	17525 PINES BLVD		
CITY	PEMBROKE PINES	STATE	FL ZIP 33029
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

IN WITNESS WHERE OF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4th day April, 2015.

PREPARED: SOSA ACCOUNTING TAX SERVICE
 570 EAST 49 STREET
 HIALEAH, FL 33013

(305) 688 - 1716
 (305) 688 - 1714

 (Seal)
 _____ (Seal)
 _____ (Seal)
 _____ (Seal)
 _____ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

IT SMILES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR - 6 AM 8:56

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with its
registered office as indicated in the Articles of Incorporation.

Address

17525 PINES BLVD

PEMBROKE PINES, FL 33029

Has named LUIS PAJARES

Located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above state
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with provisions of Florida Law in Keeping open said office.


(registered agent)