

P1600087817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

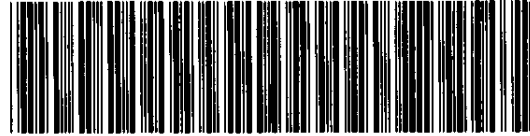
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291761825

10/31/16--01/41--001 **7.11

AM MOON

OCT 31 2016

COVER LETTER

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

SUBJECT: SMILING FACES BY LORNA INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LORNA HARKESS SOOKHOO

Name (Printed or typed)

6412 NORTH UNIVERSITY DRIVE, SUITE # 112

Address

TAMARAC, FL. 33321

City, State & Zip

954-809-1030

Daytime Telephone number

lornaharkess1@gmail.com

E-mail address: (to be used for future annual report notification)

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: SMILING FACES BY LORNA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6412 NORTH UNIVERSITY DRIVE

SUITE #112

TAMARAC, FL. 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE AND RETAIL IMPORT AND EXPORT SALES
AND PRODUCT CONSULT.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LORNA HARKESS SOOKHOO P Name and Title: _____

Address 6412 NORTH UNIVERSITY DRIVE 112 Address: _____

TAMARAC, FL. 33321

Name and Title: ALLAN SOOKHOO VP Name and Title: _____

Address 6412 NORTH UNIVERSITY DRIVE 112 Address: _____

TAMARAC, FL. 33321

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ALLAN SOOKHOO _____

Address: 5572 NW 25TH STREET _____

LAUDERHILL, FL, 33313 _____

ARTICLE VII INCORPORATOR

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

Name: ALLAN SOOKHOO _____

Address: 5572 NW 25TH ST _____

LAUDERHILL, FL. 33313 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Allen R Sookhoo

Required Signature/Registered Agent

10/26/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Allen R Sookhoo

Required Signature/Incorporator

10/26/16

Date