

To: 4/1/25, 9:58 AM

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From: Yanet Avila

P25000019711

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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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SMILING AND GROWING TOGETHER CORP**

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

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Corporate Filing Menu

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2025 APR -2 PM 12:29

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RECEIVED



April 2, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: SMILING AND GROWING TOGETHER CORP.
REF: W25000044490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Jazmine N Ardley
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000119049
Letter Number: 325A00006977

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 and growing together Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

6515 SW 22 ST MIRAMAR FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nailen Fernandez Oria (President)

Name and Title:

Address 6515 SW 22 ST MIRAMAR FL 33023

Address:

Name and Title:

Name and Title:

Address

Address:

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: Nailen Fernandez Oria
Address: 6515 SW 22 ST MIRAMAR FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nailen Fernandez Oria
Address: 6515 SW 22 ST MIRAMAR FL 33023

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 days prior or 90 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

Required Signature/Registered Agent
Date 3/31/2025

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.

Required Signature/Incorporator
Date 3/31/2025

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