

P99000002905

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

SUBJECT: Smiles, Inc.
Proposed Corporate Name

300002720343--6
-12/23/98--01026--013
*****70.00 *****70.00

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:

Herman Alzamora
110 Nandina Terrace
Winter Springs, FL 32708
1-407-896-7000

FILED
99 JAN 11 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp Name
DATE 12-28-98
DOC. EXAM CB

old file

CB
1-11-99
4



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 28, 1998

HERMAN ALZAMORA
110 NANDINA TERR.
WINTER SPRINGS, FL 32708

SUBJECT: SMILES, INC.
Ref. Number: W98000028908

We have received your document for SMILES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

I called your office and both you and your secretary were out for the week.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 498A00060557

ARTICLES OF INCORPORATION OF
SMILES PHOTOGRAPHY, INC.

The undersigned incorporator, for purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1: NAME

The name of the corporation shall be: **Smiles Photography, Inc.**

ARTICLE 2: PRINCIPAL PLACE OF BUSINESS

The principal place of business of this corporation shall be: **110 Nandina Terrace, Winter Springs, FL 32708**

ARTICLE 3: SHARES

All stock issued by this corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is: **500.**

ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name of the initial registered agent is: **Herman Alzamora**, whose registered office is located at the place of business stated in Article 2 above.

ARTICLE 5: INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: **Herman Alzamora, 110 Nandina Terrace, Winter Springs, FL 32708**

The undersigned incorporator has executed theses Articles of Incorporation this 7th Day of **January, 1999.**

Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Smiles Photography, Inc.
2. The name and address of the registered agent and office is:
Herman Alzamora
110 Nandina Terrace
Winter Springs, FL 32708

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Signature of Registered Agent

1/7/99

Date

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TALLAHASSEE, FLORIDA