

N13000001799

(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:

Deirdre Ware GAVE

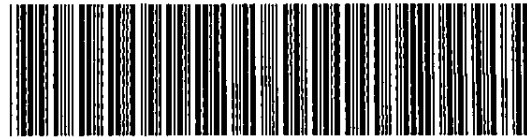
AUTHORIZATION BY PHONE TO

CORRECT incorporator

DATE 2/26/13

DOC. EXAM. Jessica Faison

Office Use Only



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2013 JAN 28 PM 1:19
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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

2/26
1/31
WB-61409



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

DIERDRE
DEIRDRE L. WARE
2923 NE 19TH ST
GAINESVILLE, FL 32609

SUBJECT: 1000 SMILES INCORPORATION
Ref. Number: W13000006140

RECEIVED
13 FEB 12 AM 10:01

We have received your document for 1000 SMILES INCORPORATION and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 413A00002490

COVER LETTER

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

SUBJECT: 1000 Smile Incorporated^{inc}
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dierdre L. Ware
Name (Printed or typed)

2923 NE 19th Street
Address

Gainesville, FL 32609
City, State & Zip

352-363-8270
Daytime Telephone number

1000 Smiles352@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

2013 FEB 22 PM 1:24

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 13, 2013

DEIRDRE L. WARE
2923 NE 19TH ST
GAINESVILLE, FL 32609

SUBJECT: 1000 SMILES INCORPORATION
Ref. Number: W13000006140

We have received your document for 1000 SMILES INCORPORATION and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 413A00002490

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: 1000 Smiles Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2923 NE 19th St

Gainesville, Florida

32609

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1000 smiles purpose is to open an
homeless shelter, and provide ^{programs} and services
for the homeless. We want to help displaced
families, homeless teens, chronically ill, and vagrants.
Our goal is to help other homeless organizations lower
the ratio of homelessness in our community. Give them the
needed tools and materials, of motivation and determination
to progress and succeed.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dierdre L. Ware Pres.

Address: 2923 NE 19th St
Gainesville, Florida
32609

Name and Title: Kartrell D. Clayton Dir.

Address: 2923 NE 19th St
Gainesville, Florida
32609

Name and Title: Tankea L. Cue V. Pres

Address: 2866 SW 39th Ave
Gainesville, Florida
32609

Name and Title: Dierdre L. Ware Dir.

Address: 2923 NE 19th St
Gainesville, Florida
32609

Name and Title: Susan Lawson Dir.

Address: 20107 NW 75th St
Alachua, Florida
32615

Name and Title: _____

Address: _____

FILED
13 FEB 22 AM 7:20
CLERK OF DISTRICT COURT
FLORIDA

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: Deirdre L. Ware

Address: 2923 NE 19th St

Gainesville, Fla 32609

ARTICLE VII INCORPORATOR

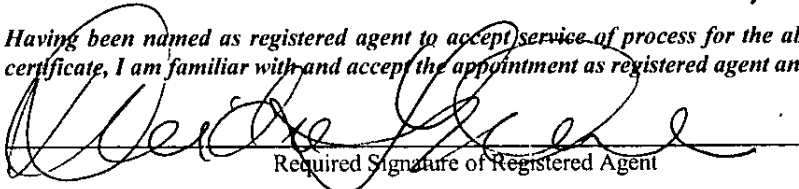
The name and address of the Incorporator is:

Name: Deirdre L. Ware

Address: 2923 NE 19th St

Gainesville, Fla 32609

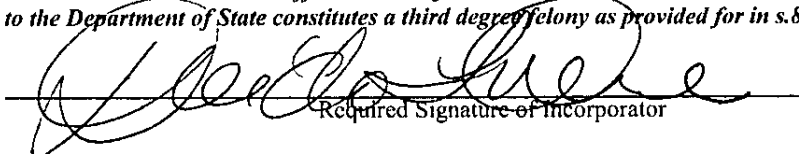
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

1-7-13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

1-7-13

Date

FILED
13 FEB 22 AM 7:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA