

P 16000025172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

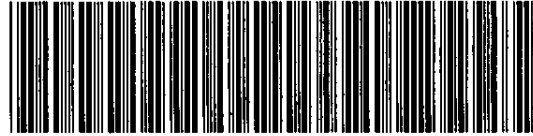
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAR 11 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gilligan MAR 21 2016

COVER LETTER

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

SUBJECT: SMART KEY SERVICES, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CHRISTY BORDEN
Name (Printed or typed)

4448 GREAT HARBOR LANE
Address

KISSIMMEE FL 34746
City, State & Zip

407-697-4928
Daytime Telephone number

CHRISTYRBORDEN@AOL.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: SMART KEY SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY'S OFFICE
Mailing address if different: STATE
TALLAHASSEE FLORIDA

4448 GREAT HARBOR LANE
KISSIMMEE FL 34746

4448 GREAT HARBOR LANE
KISSIMMEE FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE MARKETING AND SALES
OF AMENITY AND GATE ACCESS EQUIPMENT, PROGRAMS,
AND SOFTWARE AS ~~WELL~~ ^{WELL} AS SUBCONTRACTING THE
INSTALLATION OF HARDWARE AND EQUIPMENT WITH
THE MAIN FOCUS BEING THE UTILIZATION OF SMART
PHONES AS ACCESS DEVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTY BORDEN, PRESIDENT

Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL
34746

Name and Title: CHRISTY BORDEN, VICE PRESIDENT

Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL
34746

Name and Title: CHRISTY BORDEN, TREASURER

Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL
34746

Name and Title: CHRISTY BORDEN, SECRETARY

Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL
34746

Name and Title: _____

Address: _____

Name and Title: _____

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: CHRISTY BORDEN
Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL 34746

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: CHRISTY BORDEN
Address: 4448 GREAT HARBOR LANE
KISSIMMEE FL 34746

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

Christy Borden Required Signature/Registered Agent 3/7/2016 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.

Christy Borden Required Signature/Incorporator 3/7/2016 Date