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Special Instructions to Filing Officer:	
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June 12, 2023

STEVEN BOUBERT 1841 RIVER SHOALS DR NE CONYERS, GA 30012 US

SUBJECT: SMART BUSINESS FUNDING SERVICES INC

Ref. Number: W23000082410

We have received your document for SMART BUSINESS FUNDING SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Andrea Andrews Regulatory Specialist II

RECEIVED

Letter Number: 523A00013297

# **COVER LETTER**

	_	ration Section on of Corporations				
SUBJE	CT:	SMART BUSINESS FUNDING	SERVICES I	NC		
0000	•••	Name of	corporation -	must inc	lude suffix	
Dear Sir	or Ma	ıdam:				
"Certific	ate of	"Application by Foreign Corp Existence," or "Certificate of ed foreign corporation to tran	Good Standi	ng" and	check are subm	Business in Florida." hitted to register the
Please re	eturn a	Il correspondence concerning	this matter to	the foll	owing:	
STEVEN	BOU	BERT				
			Name of Po	erson		
SMART	BUSI	NESS FUNDING SERVICES IN	1C			
			Firm/Comp	any		<u> </u>
1841 RIV	VER S	HOALS DR NE				
			Addres	S		
CONYE	RS, GI	EORGIA 30012				
		1	City/State and	l Zip coo	le	
finance@	)smart	businessfinancialsves.com				
		E-mail address: (	to be used fo	r future a	innual report no	otification)
For furth	her inf	ormation concerning this mat	ter, please ca	H:		
STEVE	BOUB	ERT a	678 t (	608-63	76	
	Name	e of Person	Area Code	T.	Daytime Teleph	one Number
	Regis Divisi The C 2415	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed Please m \$70.0	ake ch	check for the following amou eck payable to: FLORIDA DEF ng Fee	PARTMENT (Fee &		Filing Fee &	\$87.50 Filing Fee, Certificate of Status & Certified Copy

Control Number: 22081223

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## SMART BUSINESS FUNDING SERVICES INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25204963
Date Inc/Auth/Filed: 04/04/2022
Jurisdiction : Georgia
Print Date : 05/23/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

· ·

(If name unavails	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in	Florida)	)
GEORGIA	3.	88-1586683			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)		
04-04-2022	of incorporation) 5				_
(Date	of incorporation)	(Date of duration, if other th	han perpetual	.)	
04-01-2023					_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		y)		
1841 RIVER SHO	DALS DR NE, CONYERS GA 30012				
	(Principal office	e street address)			
	(Principal office	e <u>street</u> address)			
	(Principal office	e street address) address, if different)			_
	(Principal office				-
	(Principal office	address, if different)		2023 J	-
Name and street	(Principal office	address, if different)	121-4	2023 JUN 2	-
Name and stree	(Principal office (Current mailing et address of Florida registered agent: (P.O.	address, if different)	SSVIP LEI	2023 JUN 23 P	
Name and street	(Principal office) (Current mailing) et address of Florida registered agent: (P.O. STEVEN BOUBERT	address, if different)	TALL AHASSACT	2023 JUN 23 PM 3: 4	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
☐Chairman	Name: SteVen BOUBERT	□Chairman	Name:			
□Vice Chairman	Address: Conyers GA 30012	□ Vice Chairman	Address:			
Director	STEVEN BOUBERT	□Director				
■ President	STEVEN BOUBERT	□President				
■Vice President	FARDEN BOUBERT	□Vice President				
Secretary	☐Treasurer	Secretary		□Treasurer		
Other	□Other	Other	<del></del>	Other		
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		President				
□Vice President		□Vice President		2000		
□Secretary	Treasurer	☐ Secretary		□Treasurer		
Other	□Other	Other		□Other		
				•		
□ Chairman	Name:	☐Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President	<del></del> -			
☐ Secretary	Treasurer	Secretary		□Treasurer		
□Other		Other		□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						
she is aware that f s.817.155, F.S.			uics a mira aegre	e reiony as provided for in		
13	(Typed or printed name and capacity of pers		on)			
	tripes of printed mane and capacity of pers	- 5 - 5 FF	-			

1.45 July 14.00

Control Number: 22081223

## STATE OF GEORGIA

## Secretary of State

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

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Brad Raffensperger

**Brad Raffensperger** Secretary of State