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(Bu	siness Entity Nan	ne)
(,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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April 25, 2024

JIM O'CONNOR 86 HILLSIDE DR ROBBINSVILLE, NJ 08691 US

SUBJECT: SME GROUP INC. Ref. Number: W24000065212

We have received your document for SME GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company." the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

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

Letter Number: 324A00009058

RECEIVED

MAY 08 2024



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: SME Group Inc.				
., 0 130		Name of corporatio	n - must	include suffix	
Dear S	ir or Madam;				
"Certi	nclosed "Application by Fore ficate of Existence," or "Cer referenced foreign corporati	tificate of Good Sta	nding`` a	nd check are subr	
Please	return all correspondence co	oncerning this matte	r to the	following:	
Jim O	Connor				
		Name of	Person		
SME C	Group Inc				
		Firm/Cor	npany		
86 Hill	lside Dr				
		Add	ress		
Robbir	nsville, NJ 08691				
		City/State	and Zip	code	
jim@s	me-grouplic.com				
	E-mail :	iddress: (to be used	for futu	re annual report n	otification)
For fu	rther information concerning	this matter, please	call:		
Jim O'	im O'Connor at () 915-6250				
	Name of Person	Area Coo	de	Daytime Teleph	one Number
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Please		IDA DEPARTMEN	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

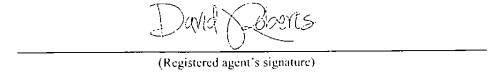
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

SME Group Inc				
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
SME Manageme	ent Group, Inc.			
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)	
Delaware 2.	3	38-4304904		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
02/13/20 2 4	5	perpetual		
	of incorporation)	(Date of duration, if other than perpetual)		
6. N/A				
7. 86 Hillside Dr., R	(SEE SECTIONS 607.1501 & 607.1 cobbinsville, NJ 08691	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ice street address)		
	(Current maili)	ng address, if different)		
8. Name and <u>stree</u> Name: Office Address:	Registered Agents Inc. 7901 4th Street N, Ste 300		2d2411.XY -8 E	
Office Address.	St. Petersburg	33702	ف ج	
	(City)	, Florida (Zip code)	: 27	
	(City)	(Sip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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	James T. O'Connor Jr Name:	□Chairman □Vice Chairman	Wade Bowers Name:				
□Vice Chairman	86 Hillside Dr Address:						
Director	Robbinsville, NJ 08691	Director					
President		□President					
□Vice President		■Vice President					
■ Secretary	■ Treasurer	Secretary		□Treasurer			
Other	Other	Other COO		□Other			
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President		<u>,</u>			
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	Other		□Other			
□Chairman	Name:	□Chairman _	-	-			
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		Treasurer			
□Other	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 indict 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 or she is aware that 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.							
James T. O'	Connor Jr - CEO	m straine anationsia					
(Typed or printed name and capacity of person signing application)							

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SME GROUP INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SME GROUP INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203196474

Date: 04-07-24

3096975 8300 SR# 20241339262

Page 1

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Authentication: 203196474

Date: 04-07-24

RESOLUTION of the BOARD of DIRECTORS

FOR

SME Group Inc.

Pursuant to §607.1503 of the Florida Statutes, SME Group Inc a Foreign CORPORATION, files it's Certificate of Authority with the following RESOLUTION of the BOARD of DIRECTORS

- 1. The name in the home jurisdiction of organization of the entity is: SME Group Inc.
- II. The entity elects to transact business in Florida under the name: **SME Management Group** Inc.
- III. The name in the home jurisdiction of organization is unavailable in the state of Florida.
- IV. The election has been approved by the BOARD of DIRECTORS.

IN WITNESS WHEREOF, the undersigned has executed this BOARD of RESOLUTION this __30th__ day of April, 2024.

Signature / Secretary