

TRANSMITTAL LETTER
P000000004667

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

SUBJECT:

Smith Management, Inc.
(Proposed corporate name must include suffix)

600003093356--2
-01/10/00-01094-007
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Darren N. Smith
Name (Printed or typed)

629 E. Del Rio
Address

Cleariston, FL 33440
City, State & Zip

941-983-8786
Daytime Telephone number

FILED
00 JAN 10 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-14
WCE

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Smith Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

629 East Del Rio, Clewiston FL 33440

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

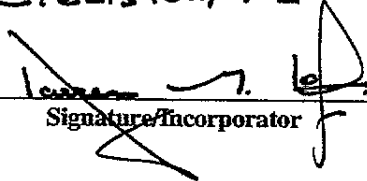
The name and Florida street address of the initial registered agent are:

Darren N. Smith
629 E. Del Rio
Clewiston, FL 33440

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Darren N. Smith
629 E. Del Rio
Clewiston, FL 33440


Signature/Incorporator

1-04-00
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

1-04-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA