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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SMPT., INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF
SMPT., INC.

ARTICLE I NAME

The name of the corporation shall be:

SMPT., INC.

ARTICLE II PRINCIPAL OFFICE

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

351 Anchor Way

St. Lucie, FL 34946

ARTICLE III CAPITAL STOCK

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

500 (Five Hundred)

PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2506 DELAWARE AVE
FORT PIERCE FLORIDA 34947

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Patrizzio Tomassi

351 Anchor Way

St Lucie, FL 34546

ARTICLE V INCORPORATOR

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

Patrizzio Tomassi

351 Anchor Way

St Lucie, FL 34546

The undersigned has executed these Articles of Incorporation this 5 day of October 2000.


Patrizzio Tomassi Incorporator

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SMPT., INC.

2. The name and address of the registered agent and office is:

Patrizio Tomassi

351 Anchor Way

St Lucie, FL 34946

Signature: _____

Title: _____

Date: _____

10/5/00

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: _____

Date: _____

10/5/00