

TRANSMITTAL LETTER

P00000107680

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

FILED

00 NOV 16 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003465011--8  
-11/15/00--01110--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: WATCH MY SMOKE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: LaTANYA CHAPPELL  
Name (Printed or typed)  
8422 HAMDEN ROAD  
Address  
JACKSONVILLE, FLORIDA 32244  
City, State & Zip  
904 777-2676 OR 904 704-4013  
Daytime Telephone number

GAVE

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

Latanya  
AUTHORIZATION BY PHONE TO  
CORRECT Articles  
DATE 11/12/00  
DOC EXAM Be

D. BROWN NOV 17 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

WATCH MY SMOKE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8540 ARGYLE FOREST BLVD #4  
JACKSONVILLE, FLORIDA 32244

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

ONE SHARE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LaTANYA CHAPPELL — Pres.  
8422 HAMDEN ROAD  
JACKSONVILLE, FLORIDA 32244

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

LaTANYA CHAPPELL  
8422 HAMDEN ROAD  
JACKSONVILLE, FLORIDA 32244

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


LaTANYA CHAPPELL  
8422 HAMDEN ROAD  
JACKSONVILLE, FLORIDA 32244

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

11-13-00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator / pres.

11-13-00  
\_\_\_\_\_  
Date

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