

# Pol000065547

TRANSMITTAL LETTER

200004449592--5  
-06/28/01--01048--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

SUBJECT: *smith certified services, Inc.*  
~~BENJAMIN E. SMITH, INC.~~

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND OUR CHECK FOR \$ 70.00.

FROM:

TOM WILLIAMS  
1409 KINGSLEY AVE, SUITE 1B  
ORANGE PARK, FLORIDA 32073  
(904) 278-5566

FILED  
01 JUN 28 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/7/2

FILED

01 JUN 28 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

Smith Certified Services, Inc

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING  
A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

*Smith Certified Services, Inc*

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS  
CORPORATION SHALL BE:

3778 WAYLAND STREET  
JACKSONVILLE, FL 32277

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED  
TO HAVE OUTSTANDING AT ANY TIME IS: 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

BENJAMIN E. SMITH  
3778 WAYLAND STREET  
JACKSONVILLE, FL 32277

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO  
THESE ARTICLES OF INCORPORATION IS(ARE):

BENJAMIN E. SMITH  
3778 WAYLAND STREET  
JACKSONVILLE, FL 32277

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 20th DAY OF June,  
2001.

x Benjamin E. Smith  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

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

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, 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:

*Smith certified services Inc*

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BENJAMIN E. SMITH  
3778 WAYLAND STREET  
JACKSONVILLE, FL 32277

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

*X Benjamin E. Smith*

DATE

*06/26/01*

**FILED**  
01 JUN 28 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA