

PO1000092613

CARLTON THOMAS

Requester's Name

3045.Orange Blossom Trail

Address

ORLANDO FL 32805-407-648-1600

City/State/Zip

Phone #

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 21 AM 11:58

APPROVED
AND
FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SMART REMODELING INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

600004604306--7
-09/21/01--01066--001
****157.50 *****78.75

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

9/21

Examiner's Initials

gj

ARTICLES OF INCORPORATION
FOR
SMART REMODELING INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS: SMART REMODELING INC.

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS **PERPETUAL**.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A PROVIDER OF MULTIPLE SERVICES, WHEREIN, WE WILL PROVIDE BLOCK AND STUCCO INSTALLATION AND OTHER CONSTRUCTION SERVICES. WE WILL PROVIDE ANY OTHER RELATED SERVICES AS PROVIDED FOR BY STATUE. ALL OF THE COMPANY'S BUSINESS WILL BE CONDUCTED UNDER THE NAME OF SMART REMODELING INC.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH SMART REMODELING INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 4800 MONTAUK STREET, ORLANDO, FLORIDA 32808, **THE NAME OF THE REGISTERED AGENT IS FRANCIS ANTOINE** WHOSE ADDRESS IS 4800 MONTAUK STREET, ORLANDO, FLORIDA 32808. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE, WHICH IS 4800 MONTAUK STREET, ORLANDO, FL. 32808.

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ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD OF DIRECTORS IS ONE.
THE NAME AND ADDRESS OF THE PERSON WHICH WILL SERVE AS DIRECTOR IS AS FOLLOWS:

NAME

FRANCIS ANTOINE

ADDRESS

4800 MONTAUK STREET, ORLANDO, FL 32808

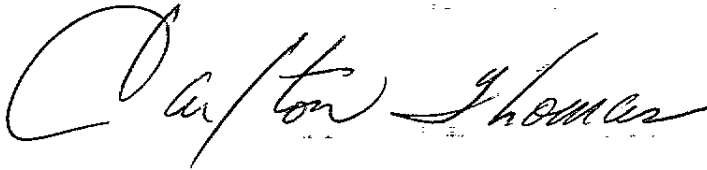
ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND
OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY
STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

**CARLTON THOMAS
304 SOUTH O.B.T.
ORLANDO, FL 32805**

A handwritten signature in black ink that reads "Carlton Thomas". The signature is written in a cursive, flowing style with a large initial 'C'.

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS
GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

SMART REMODELING INC.

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

(NAME)
FRANCIS ANTOINE
(PO BOXES NOT ACCEPTABLE)
4800 MONTAUK STREET
(CITY/STATE/ZIP)
ORLANDO, FL. 32808

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.

Francis Antoine
SIGNATURE

9-30-2001
DATE

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