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TRANSMITTAL LETTER

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

Tallahassee, FL 32314	4	0000550	-01050019	
SUBJECT: SMB Coding (PROPOSED CORPORA)	TE NAME – MUST INCLI	******7门。[][UDE SUFFIX)	0 *****70.00 	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Shannon Mame (F	Printed or typed)		SE 02	-
2345 Albin	AVENUE AVENUE	<u> </u>	SECRETAR'SALLAHASS	1 = 2 - 2
Crlando Fe	32833 tate & Zip		ED STA	
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NOTE: Please provide the original and one copy of the articles.

F. GHESSER MAY 1 3

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SMB Cooling, Inc. ARTICLE II PRINCIPAL_OFFICE The principal place of business/mailing address is: Albino Ave Orlando, FL 32833 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Coding Consulting ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Shannon M. Boyer, President 2345 albium Ave Orlando, FI 32833 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Shannon m. 2345 albion are Orlando, FC <u>ARTICLE VII</u> INCORPORATOR The name and address of the Incorporator is: Shanner m. 2345 albuar Having been figured 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

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

NAME

The name of the corporation shall be:

ARTICLE I