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SECRETARY OF STATE TALLAHASSEE FLORIDA



TRANSMITTAL LETTER

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

Enclosed are 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	ESTELLE D'ANDREA-ACCOUNTING SOLVITONS Name (Printed or typed)			
-	BOCA RATON FLORIDA 33487 City, State & Zip J61-989-8422 Daytime Telephone number			
-				
-				

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

SMIHLE ENTERPRISES INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME Of Maria Constitution of the Constitution of t The name of the corporation shall be: SMIHLE ENTERPRISES INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5500 NW2ND AUE STE#519 BOCA RATON FL. 33487 ARTICLE III PURPOSE The purpose for which the corporation is organized is: WHOLESALER - SALES ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): SANDRA MIHLE 5500 NW 2ND AVE. BOCA RATION FL. 33487 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: SANDRA MIHLE 5500 NW 2ND AVE BOCA RATEN, FL. 33487 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SANDRA MIHLE 5500 NW AND AVE BOLA RATION, FL. 33487 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

//-05-02 Date

//-05-02 Date

Signature/Registered Agent

Signature/Incorporator