

PO3000015989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

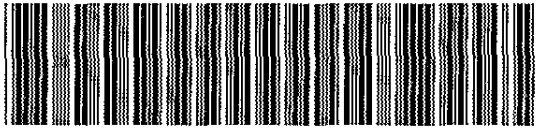
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE USE ONLY(DOCUMENT # )

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. SMART DELIVERY, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
 Pick up time 2:00   
 Certified Copy  
 Mail out   
 Will wait   
 Photocopy   
 Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

## **ARTICLES OF INCORPORATION**

The undersigned Incorporator(s), for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **ARTICLE I - NAME**

The name of the corporation shall be: Smart Delivery, Corp.

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TALLAHASSEE FLORIDA  
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### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:  
150 Bonaventure Blvd # 205 Weston, FL, zip:33326

### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 100

### **ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Mauricio Restrepo

150 Bonaventure Blvd # 205 Weston, FL, zip:33326

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Mauricio Restrepo  
150 Bonaventure Blvd # 205 Weston, FL, zip: 33326

The undersigned incorporator has executed these Articles of Incorporation this 7 day of February 2003

Mauricio Restrepo  
Signature

**ARTICLE VI - DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

President: Mauricio Restrepo  
Vice President Mauricio Mazo  
Treasurer: Mauricio Restrepo  
Secretary: Mauricio Mazo  
150 Bonaventure Blvd # 205 Weston, FL, zip: 33326

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

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Mauricio Restrepo  
Registered Agent Signature

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