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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
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TRANSMITTAL LETTER

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

SUBJECT:	Swim SMART	of Miani, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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:	JANET Boue Name	e (Printed or typed)	
	11337 SW W97	errace Address	
	Hiami, Fl.	33173 , State & Zip	
	3×5·710·9	127 Telephone number	

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

03 HAY 27 PM 6: 14

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Swim Smart of Hiami, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11337 Sw 69 Terrace

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Swimming Lessons / Swim School

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JONET Boue President

Marisol Regisor Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MANET Boule
11337 SUD LEG TERROLE
ANGULI, FT. 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janet Boue 11337 S.W. 69 Terrace, Miami, Fl 33173

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

Signature/Registered Agent

Signature/incorporator

5/2)/03 Date

5/2# 03 Date