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SECRETARY OF STATE
TALLARYSSEE, FLORIDA

F. CHISTONIA OCT 3 1.

## ,TRANSMITTAL LETTER,

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

SUBJECT: SMN	I incorporation (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			·
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: _J	enny Nelson	L	
	Name	(Printed or typed)	
		Address	<del></del>
	MOUNT DORA, FLORIDA	32726 State & Zip	
	352-516-6895	•	
	Daytime T	elephone number	

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

#### 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: SMN, INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3421 FOXBORO COURT MOUNT DORA, FLORIDA 32726

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JENNY NELSON, 3421 FOXBORO COURT MOUNT DORA, FLORIDA 32726, PRESIDENT/ DIRECTOR

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

JENNY NELSON, 3421 FOXBORO COURT MOUNT DORA, FLORIDA 32726

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JENNY NELSON, 3421 FOXBORO COURT MOUNT DORA, FLORIDA 32726

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

11-19-03 Date

Date