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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	<b>;</b> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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### TRANSMITTAL LETTER

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

SUBJECT: Willia	am N. Smith, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE ŞUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
<b>Z</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM: W	filliam N. Smith	_		
-	Name	(Printed or typed)		
	4649 70th Avenue N.			
•		Address		
	Pinellas Park, FL 33781			
•	City	, State & Zip		
	727.544.2802			
	Daytime Telephone number			

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

#### ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

OF

WILLIAM N. SMITH, INC.

#### ARTICLE I: Name

The name of this corporation is:

William N. Smith, Inc.

#### ARTICLE II: Principal Office

The principal place of business and mailing address of this corporation shall be: 4649 70<sup>th</sup> Ave. N.
Pinellas Park, Florida 33781

#### ARTICLE III: Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding any time shall consist of 10,000 shares of common stock having a par value of \$1.00 per share.

#### ARTICLE IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

William N. Smith 4649 70<sup>th</sup> Ave. N. Pinellas Park, Florida 33781

#### ARTICLE V: Incorporator

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

William N. Smith

4649 70<sup>th</sup> Ave. N.

Pinellas Park, Florida 33781

The undersigned incorporator has executed these Articles of Incorporation this 25th day of November, 2003.

W. W. Smiah
(Signature)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

William N. Smith, Inc.

2. The name and address of the registered agent and office is:

William N. Smith 4649 70<sup>th</sup> Ave. N. Pinellas Park, Florida 33781

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

N.N Juna

Signature

Date

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