

PO4 000166143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

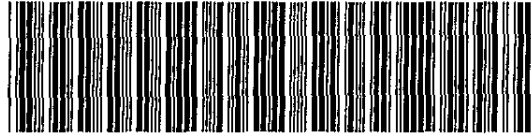
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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12-12

TRANSMITTAL LETTER

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

SMART-SWIPE, INC.

SUBJECT _____
(Proposed corporate name-must include suffix)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

___ \$70.00 **X \$78.75** ___ \$78.75 ___ \$ 87.50

Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	Certificate of Status	Certified Copy	Certified Copy
			& Certificate
			Of Status
			ADDITIONAL COPY
			REQUIRED

FROM: David Kidwell

Name (Printed or typed)

2626 Vinedale Ave

Address

Valrico, FL 33594

City, State & Zip

(813) 643-3720

Daytime Telephone Number

DEPT OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
OF

SMART-SWIPE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SMART-SWIPE, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

**2626 Vindale Ave
Valrico, Fl , 33594**

ARTICLE III SHARES

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

1,000

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TALLAHASSEE, FLORIDA

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET
ADDRESS**

The name and Florida street address of the initial registered agent are:

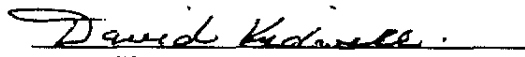
**David Kidwell.
2626 Vinedale Ave
Valrico, Fl 33594**

ARTICLE V INCORPORATORS

The **name and addresses** of the incorporators to these Articles of Incorporation are:

**David Kidwell
2626 Vinedale Ave
Valrico, Fl 33594**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18TH day of OCTOBER, 2004.


Signature

Filing Fee- \$35.00

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SMART-SWIPE, INC.

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

**DAVID KIDWELL
2626 VINEDALE AVE
VALRICO, FL 33594**

HAVING BEEN NAMES 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 MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE David Kidwell

DATE OCT - 18 - 2004.

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