

PD5000030638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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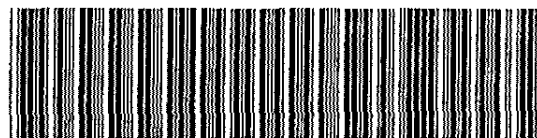
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT: The Florida Smart Shopper, INC.  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: L. Smith  
Name (Printed or typed)

P.O. Box 820026  
Address

Pembroke Pines, FL 33082  
City, State & Zip

786-443-4387  
Daytime Telephone 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

The name of the corporation shall be: The Florida Smart Shopper, Inc.

### Article II

The principles place of business/mailing address is:

P.O. Box 820026

Pembroke Pines, Florida 33082

### Article III

The purpose for which the corporation is organized is: Any and all lawful business.

### Article IV

The number of shares of stock is: 1000

### Article V

Name, address and specific titles:

Lilia Smith

Director

P.O. Box 820026

Pembroke Pines, Florida 33082

### Article VI

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

Lilia Smith

14020 S.W. 156<sup>th</sup> Street

Miami, Florida 33186

### Article VII


The name and address of the incorporator is:

Lilia Smith

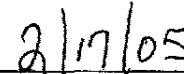
P.O. Box 820026

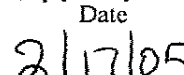
Pembroke Pines, Fl. 33026

.....  
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 Lilia Smith

  
\_\_\_\_\_  
Signature/Incorporator Lilia Smith

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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STATE OF FLORIDA