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## TRANSMITTAL LETTER

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

SUBJECT: OWEN K. SMITH & ASSOCIATES, INC  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Eclosed is an orig	inal and one (1) copy of the	articles of incorpor	ration and a check for:	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL	\$87.50 Filing Dee, Certified Copy & Certificate of Status  L COPY REQUIRED	
FROM:	OWEN K. SMITH			
Name (Printed or Typed  10297 BERMUDA DRIVE  Address				
City, State & Zip				
	954-347-1505			

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

Daytime Telephone Number

# ARTICLES OF INCORPORATION

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

### ARTICLES I

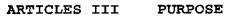
The name of the corporation shall be:

OWEN K. SMITH & ASSOCIATES, INC

#### ARTICLES II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10297 BERMUDA DRIVE, COOPER CITY, FL 33026



The character and nature of the business to be transacted by the Corporation shall be to engage in Real Estate Investments.

# ARTICLES IV

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

#### INITIAL OFFICERS/DIRECTORS (optional) ARTICLES V

The name(s) and address(es):

OWEN K. SMITH - 10297 BERMUDA DRIVE, COOPER CITY, FL 33026 JUNE SIMTH - 10297 BERMUDA DRIVE, COOPER CITY, FL 33026

## REGISTERED AGENT

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

OWEN K. SMITH - 10297 BERMUDA DRIVE, COOPER CITY, FL 33026

#### ARTICLES VII INCORPORATOR

The name and Florida street address of the Incorporator is:

OWEN K. SMITH - 10297 BERMUDA DRIVE, COOPER CITY, FL 33026

## EFFECTIVE DATE:

The effective date of the corporation shall be MAY 15<sup>TH</sup>, 2005

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate Lam familiar with and accept the appointment as registered agent and agree to act in this capacity.

SIGNATURE REGISTERED ACIENT

OWEN K. YMITH

SIGNATURE/INCORPORATOR

OWEN K. SMITH