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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

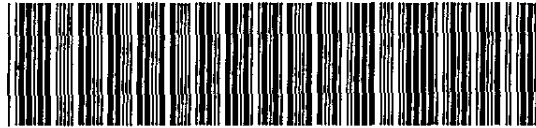
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: GARY L. SMITH 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: GARY L SMITH

Name (Printed or typed)

10834 LIMEBERRY DRIVE

Address

COOPER CITY, FL. 33026

City, State & Zip

954-430-9961

Daytime Telephone number

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

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CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

GARY L. SMITH INC

ARTICLE I
CORPORATE NAME

The name and address of the Corporation shall be

GARY L. SMITH INC, 10834 LIMEBERRY DRIVE COOPER CITY, FL 33026

ARTICLE II
NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

ARTICLE III
CAPITAL STOCK

This corporation is authorized to issue a maximum of 500 shares of stock. The shares of stock authorized shall be common stock having a par value of \$1.00 per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV
INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

GARY L. SMITH 10834 LIMEBERRY DRIVE, COOPER CITY, FL 33026

ARTICLE V
INITIAL DIRECTORS

The name and post office address of each member of the first Board of Directors
is:

NAME

ADDRESS

GARY L. SMITH 10834 LIMEBERRY DRIVE COOPER CITY, FL 33026

The members of the first Board of Directors may be altered from time to time by By-laws
adopted by the Stockholders. However, the Corporation shall have no less than one (1)
nor more than three (3) Directors at any time.

ARTICLE VI
INCORPORATORS

The name and post office address of each Incorporator executing these Articles of
Incorporation is as follows:

INCORPORATOR

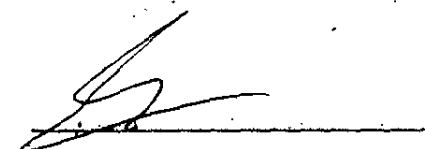
ADDRESS

GARY L. SMITH 10834 LIMEBERRY DRIVE COOPER CITY, FL 33026

ARTICLE VII
COMMENCEMENT DATE

Corporate existence will commence immediately.

THE UNDERSIGNED Incorporators, for the purpose of forming a Corporation to do business within the State of Florida, do make and file these Articles of Incorporation, hereby declaring and acknowledging that the facts herein stated are true.

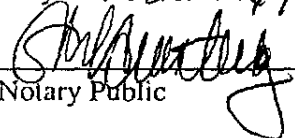


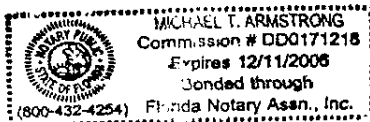
STATE OF FLORIDA
COUNTY OF ~~DADE~~ *BROWARD*

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared GAIL L. SMITH, who is personally known to me who produced

as identification, described as Incorporator in the foregoing Articles of Incorporation, and she acknowledged before me that she executed said Articles of Incorporation.

WITNESS my hand and official seal at Miami Beach, said County and State this 28 day of FEBRUARY, 2006..


Notary Public



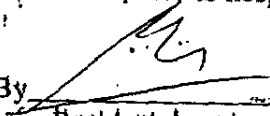
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in
compliance with said Act:

FIRST - THAT GARY L. SMITH DESIRING
TO ORGANIZE UNDER THE LAW OF THE STATE OF FLORIDA WITH
ITS PRINCIPAL OFFICE, AS INDICATED IN THE ARTICLES OF
INCORPORATION AT COOPER CITY, COUNTY BROWARD, STATE OF
FLORIDA HAS NAMED GARY L. SMITH LOCATED AT 10834
LIMEBERRY DRIVE, COOPER CITY, COUNTY OF BROWARD, STATE OF
FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
THIS STATE.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation,
at place designated in this certificate, I hereby accept to act in this capacity, and agree to
comply with the provision of said Act relative to keeping open said office.

By 
Resident Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -9 PM 3:45

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