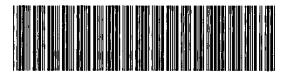
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF STATE, TALLAHASSEE, FLORIDA

2 BUTON MAR 1 4 2008

COVER LETTER

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

_{SUBJECT:} SMB	Industries, Corp.	·	
<u></u>	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Je	enna Morgan		
	Name	(Printed or typed)	
	1825 PONCE DE LEON	NE BLVD	
	CORAL GABLES, FL 33	3134-4418 State & Zip	<u>.</u>
	1-866-815-8187 Daytime To	elephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2006

JENNA MORGAN 1825 PONCE DE LEONE BLVD CORAL GABLES, FL 33134-4418

SUBJECT: SMB INDUSTRIES, CORP.

Ref. Number: W06000011377

We have received your document for SMB INDUSTRIES, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please put the name of the registered agent in article VI.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 506A00016341

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SMB Industries, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1825 PONCE DE LEONE BLVD, CORAL GABLES, FL 33134-4418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

remanufacturer of automotive parts

ARTICLE IV SHARES

The number of shares of stock is:



ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Morgan, Jenna Owner/ President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

1825 PONCE DE LEONE BLVD, CORAL GABLES, FL 33134-4418

Jenna Morgan

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jenna Morgan

1825 PONCE DE LEONE BLVD, CORAL GABLES, FL 33134-441	18
******************	*********
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	ed corporation at the place designated in this to act in this capacity
Maria Maria	7-7-04
Signature/Registered Agent	Date
Jenne Man	3-7-04
Signature/Incorporator	Date

SECRETARY OF STATE