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COVER LETTER

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

SUBJECT:	SMAYT Netwo	DYKS, INC		
SUBJECT: SMAY + NETWOYKS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation and	a check for:	
570.00	\$78.75	578.75	№ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
•	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
TT 01.	JUAN P. N			
FROM: _	Name	(Printed or typed)		
in a seth of int				
	1621 Sw 2	8 to Street	<u> </u>	
	1	(C)	_	
	CADE COVAL	4(33	114	
City, State & Zip				
	(239)645 - 3	3321		
Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be: SMAY+ Ne+000KS, Inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1621 Sw 28th Str CAPE COTAL FL 3	eet 3914
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Provide Network 3Cruices Data Networks, Voice Networks, Telecommunication	s getvices
ARTICLE IV SHARES The number of shares of stock is: 1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JUAN P. Noboa - DUNRY 1621 BW 28th Street Expercoral fl 38914	DIVISION OF MAR
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Joan P. Noboa 1621 Dec 2845 street CAPE COTAL FL 33914	SECHETASY OF STAIL OF SIGN.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jow P. Noboa 1621 5w 28th street CAZE COYAL FL 38914	
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Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	designated in this

Signature/Incorporator