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(Requestor's Name)
(Address)
(Address)
(City (Chata / Tim (Diagram of))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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

SUBJECT: S M B INSTALLATION & REPAIR INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
▼ \$70.00	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: STEVEN BAILEY	Printed or typed)		
5002 MERRIN RD	ddress		. 24 -
PLANT CITY, FL. 33565	State & Zip		
813-707-1911 Daytime Te	elephone number		⊹ चाः ः

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

SECRETARY OF STAIL

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 INSTALLATION & REPAIR INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5002 MERRIN RD PLANT CITY, FL. 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVEN BAILEY PRESIDENT 5002 MERRIN RD PLANT CITY, FL. 33565

ARTICLE VI REGISTERED AGENT

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

STEVEN BAILEY 5002 MERRIN RD PLANT CITY, FL. 33565

ARTICLE VII INCORPORATOR

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

STEVEN BAILEY 5002 MERRIN RD PLANT CITY, FL. 33565

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

Signature/Incorporator

3/4/07

3/0/00

Date