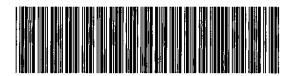
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|                          | questor's Name)  |           |  |  |
|--------------------------|------------------|-----------|--|--|
| (Re                      | questors Name)   |           |  |  |
|                          |                  |           |  |  |
| (Ad                      | dress)           |           |  |  |
|                          |                  |           |  |  |
| (Ad                      | dress)           |           |  |  |
| ·                        |                  |           |  |  |
| (City/State/Zip/Phone #) |                  |           |  |  |
| PICK-UP                  | ☐ WAIT           | MAIL      |  |  |
|                          |                  |           |  |  |
| (Business Entity Name)   |                  |           |  |  |
|                          |                  |           |  |  |
| (Do                      | cument Number)   |           |  |  |
| •                        |                  |           |  |  |
| Certified Copies         | _ Certificates   | of Status |  |  |
|                          |                  |           |  |  |
| Special Instructions to  | Filing Officer   |           |  |  |
| Special Histractions to  | Filling Officer. | ,         |  |  |
|                          |                  |           |  |  |
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SECRETARY OF STARS.

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# **COVER LETTER**

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

| SUBJE   | CT:               | PATRICK LASA  (PROPOSED CORP  | 11TH INC<br>ORATE NAME - MUST INCL                   | UDE SUFFIX)             |
|---------|-------------------|---|--|-------------------------|
|         |                   | ·   |  |                         |
| Enclose | ed are an orig    | inal and one (1) copy of th   | e articles of incorporation and                      | i a check for:          |
|         | S70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status                          | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |
| į       | FROM:             | PATRICK LA. SMITH  Name (Printed or typed)  545 ATLANTIC AVE  Address |  |                         |
|         | -                 | PALM BAY,   | FL 32907<br>City, State & Zip                        |                         |
|         | -                 | 617 291 0159<br>Davi  | ime Telephone number                                 |                         |

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

### 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:

PATRICK LA, SMITH INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

545 ATLANTIC AVE PALM BRY, FL 32907

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS

# ARTICLE IV SHARES

The number of shares of stock is:

100 SHRRES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STATISTICS OF ST

| ARTICLE VI REGISTERED AGENT   |                                |
|---|--------------------------------|
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable PATRICK LA. SMITH   | e) of the registered agent is: |
| 545 RTLANTIC RUE<br>PALM BRY, FL 32907  |                                |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  PATAICK LA. SMITH  545 ATLANTIC AVE  PALM BAY, FL 32907                           |                                |
| Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent |                                |
| ratich to Smith   | 01-02-08                       |
| Signature/Registered Agent  | Date 01 -02 -08                |
| Signature/Incorporator  | Date                           |
| PATRICK L. SMITH  | SECRETERY OF STATES            |