

PD800039431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL


(Business Entity Name)

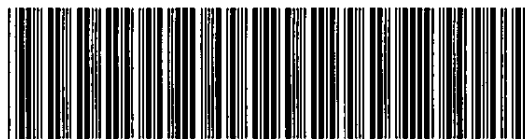
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08 APR 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Smiggie Marketing, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Charles Smigrod

Name (Printed or typed)

2901 S. Bayshore Drive, Apt. 2E

Address

Coconut Grove, FL 33133

City, State & Zip

305-962-3055

Daytime 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:

Smiggie Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3403 NW 9th Ave., Suite 801
Fort Lauderdale, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing

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):

Charles Smigrod, President
2901 S. Bayshore Drive, Apt. 2E
Coconut Grove, FL 33133

ARTICLE VI REGISTERED AGENT

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

Charles Smigrod
2901 S. Bayshore Drive, Apt. 2E
Coconut Grove, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles Smigrod
2901 S. Bayshore Drive, Apt. 2E
Coconut Grove, FL 33133

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/18/18

Date

4/18/18

Date