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Certified Copies Certificates of Status				
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SECRETARY OF STATE
FALLANASSEE, FLORIDA

Burah JUN 5 2008

COVER LETTER

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

supreor, SMOOI	TH DEVELOPMENTS INC.			
SUBJECT: GMOO!	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	□ \$78.75	□ \$78.75	☑ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1 11111 6 1 00	& Certificate of Status	& Certified Copy	Certified Copy	
		or common copy	& Certificate of	
			Status	
		ADDITIONAL CO		
FROM: TF	RIVEDI & CO. TAX SERVICES	(Printed or typed)		
	Name	(1 Tillica of typea)		
501 ROOSEVELT AVENUE Address				
		rtuuless		
	CENTRAL FALLS, RI 02863	007		
	City,	State & Zip		
	401-996-5057	P-1hh		
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:

SMOOTH DEVELOPMENTS INC.

ARTICLE II PRINCIPAL OFFICE

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

2319 WHITE SAND DRIVE JACKSONVILLE, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAIN OBJECTIVES WOULD INCLUDE, BUT NOT LIMITED TO, PROJECT DEVELOPMENTS AND EXECUTION IN THE INTERNATIONAL ARENA OF CONSTRUCTION, MAINTENANCE, MANAGEMENT, IMPORT/EXPORT AND ENTREPRENEURIAL PROJECTS AND PRODUCTS.

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): ASI GUSTAFSSON PRESIDENT AND STELLA GUSTAFSSON P.O. BOX 17335 JACKSONVILLE, FL 32245

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: NITIN TRIVEDI 2319 WHITE SAND DRIVE JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: TRIVEDI & CO. TAX SERVICES 501 ROOSEVELT AVENUE CENTRAL FALLS, RI 02863

**************************************	**********
Having been named as registered agent to accept service of process for the abo certificate, I am familiar with and accept the appointment as registered agent and	
Notin Trivad'	6/2/08
Signature/Registered Agent	Date
Witin Trival	6/2/08
Signature/Incorporator	Date

PILED

SECRETARY OF STATE

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