

PO8000081476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

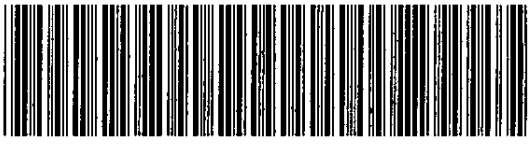
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRS
9/4

COVER LETTER

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

SUBJECT: Alton C. And Norma O Smith Trust Company

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate of Status

FROM: Dr. Alton C. Smith
1413 Hammock Shade Drive
Lakeland FL 33809-2315
Telephone: Res (863) 815-9783, Cell: (863) 604-9620

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

08 SEP -4 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Alton C. And Norma O. Smith Trust Company

ARTICLE II PRINCIPAL OFFICE

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

1413 Hammock Shade Drive, Lakeland, FL 33809-2315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manage investment properties.

ARTICLE IV SHARES

The number of shares of stock is:

Nine (9)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

The name(s), address(es) and specific title(s) of the initial officers and/or director(s) is (are):

**Alton C. Smith and Norma O. Smith
1413 Hammock Shade Drive, Lakeland, FL 33809-2315
Co-Chief Executive Officers**

**Alton C. Smith
1413 Hammock Shade Drive, Lakeland, FL 33809-2315
Chief Financial Officer**

**Norma O. Smith
1413 Hammock Shade Drive, Lakeland, FL 33809-2315
General Secretary**

ARTICLE VI REGISTERED AGENT

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

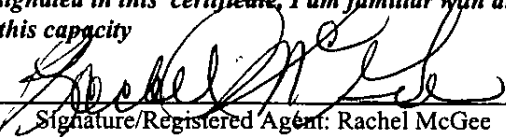
**Rachel McGee
Vinings Apartments, 11400 Banner Court, #1210
Orlando, FL 32821**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

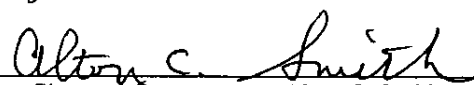
Alton C. Smith
1413 Hammock Shade Drive
Lakeland, FL 33809-2315

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: Rachel McGee

8/30/08
Date



Signature/Incorporator: Alton C. Smith

30 Aug 2008
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA