

POS000090991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

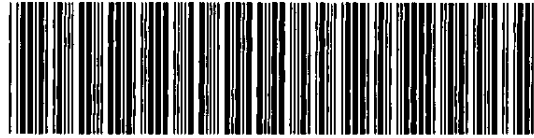
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 OCT -6 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 07 2008

## COVER LETTER

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

**SUBJECT:** SCHMIDT SALES GROUP 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: ARLENE COLE

Name (Printed or typed)

6312 US HWY 301 N. NO. 343

Address

ELLENTON FL 34222

City, State & Zip

941-981-3654

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

SCHMIDT SALES GROUP INC

### ARTICLE II PRINCIPAL OFFICE

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

6312 US HWY 301 NORTH NO. 343  
ELLENTON FL 34222

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES

### 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):

ARLENE L COLE	TED WURSCHMIDT
6710 36TH AVE # 89	213 LOS DEMOS
PALMETTO FL 34221	EDGEWATER FL 32132
VICE PRES/TREASURER	PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

ARLENE COLE  
6710 36TH AVE E #89  
PALMETTO FL 34221

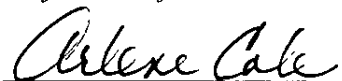
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

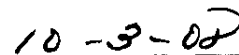
ARLENE COLE  
6710 36TH AVE E #89  
PALMETTO FL 34221

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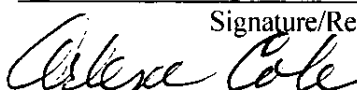
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



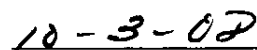
Signature/Registered Agent



Date



Signature/Incorporator



Date

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