P.08000103367

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
•		į	
i e			

Office Use Only



400138031074

11/21/08--01020--003 **78.75

SECRETARY OF STATE

NOV 21 2008 D. A. WHITE

COVER LETTER

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

SUBJECT:C.	N. SMITH, INC.	ATE NAME - <u>MUST INCI</u>	UNE CUEFIV
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIA)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00	□ \$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	C. N. SMITH, INC.		
1 10 m	Name	(Printed or typed)	·
	8557 SW 211 TERRACE		
	Address		
	MIAMI, FL 33189		
	City	y, State & Zip	-
	(305) 807-1709		
	Daytime	Telephone number	

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

C. N. SMITH, INC.

2008 NOV 21 P 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

8557 SW 211 TERRACE MIAMI, FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME BASED CUSTOMER SERVICE AGENT FOR RETAIL OUTLETS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CASEY N. SMITH, PRESIDENT/DIRECTOR 8557 SW 211 TERRACE MIAMI, FL 33189

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: CASEY N. SMITH 8557 SW 211 TERRACE

MIAMI, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CASEY N. SMITH 8557 SW 211 TERRACE MIAMI, FL 33189

**************	***********
Having been named as registered agent to accept service of process for to certificate, I am familiar with and accept the appointment as registered age	
Care Shut	11-13-09
Signature/Registered Agent	Date
Chair	11-19-09
Signature/Incorporator	Date