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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

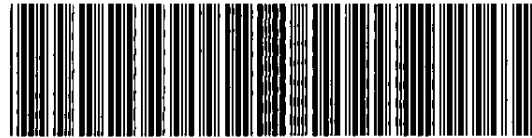
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-25-10 CR

## COVER LETTER

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

**SUBJECT:** SMITH FAMILY ENTERPRISES OF CENTRAL FLORIDA, 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:** Anthony W. Smith

Name (Printed or typed)

10057 Savannah Bluff Ln.

Address

Orlando, FL 32829

City, State & Zip

407-242-4524

Daytime Telephone number

tony.smith@netzero.com

E-mail address: (to be used for future annual report notification)

**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:

SMITH FAMILY ENTERPRISES OF CENTRAL FLORIDA, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

10057 Savannah Bluff Ln.

Orlando, FL 33478-8230

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Anthony W. Smith	Lisa Batsch-Smith
10057 Savannah Bluff Ln.	10057 Savannah Bluff Ln.
Orlando, FL 32829-8230	Orlando, FL 32829-8230
President	Vice-President
	Secretary-Treasurer

### **ARTICLE VI REGISTERED AGENT**

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

Anthony W. Smith

10057 Savannah Bluff Ln.

Orlando, FL 32829-8230

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Lisa Batsch-Smith

10057 Savannah Bluff Ln.

Orlando, FL 32829-8230

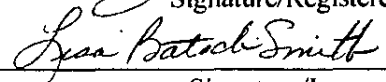
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

June 8, 2010

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

June 8, 2010

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA