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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2010

COVER LETTER

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

SUBJECT: Smokey Mountain Ventures, 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: Donna M. Godwin
Name (Printed or typed)

P.O. Box 37
Address

Worthington Springs, FL 32697
City, State & Zip

352-317-1317
Daytime Telephone number

mariedm@aol.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:

Smokey Mountain Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12459 SW 51st Terrace, Lake Butler, FL 32054
P.O. Box 37, Worthington Springs, FL 32697

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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):

Donna M. Godwin
President
12459 SW 51st Terrace
Lake Butler, FL 32054

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna M. Godwin
12459 SW 51st Terrace
Lake Butler, FL 32054

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

Lamont W Jones, Assistant VP

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA