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## **COVER LETTER**

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

SUBJECT: Schmidt's Incorporated	
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Jason Schmidt Name	(Printed or typed)
3919 Day Bridge Place	
	Address
Ellenton, FL 34222	·
City,	State & Zip
9417827389  Daytime T	elephone number
schmidtsincorporated@h E-mail address: (to be tised	notmail.com I for future annual report notification)

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



January 7, 2011

JASON SCHMIDT 3919 DAY BRIDGE PLACE ELLENTON, FL 34222

SUBJECT: SCHMIDT'S INCORPORATED

Ref. Number: W11000001214

We have received your document for SCHMIDT'S INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

www.sunbiz.org

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Letter Number: 211A00000716

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
3	919 Day Bridge Place		
E	ilenton, FL 34222		
-	······································		**************************************
ARTICLE III			
	hich the corporation is organized is: cking/hauling company.		
10 Start a Liui	ching/nauling company.		子色 こ 「「
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			(A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A W.AW.C. T. W. 207			
····	SHARES		PH 4: 19
The number of shar	es of stock is: 1		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ors	<b>三型 5</b>
Name and Ti	tle:Jason R. Schmidt	Name and Title:	
Address:	3919 Day Bridge Place	Address:	
	Ellenton, FL 34222		<u> </u>
Name and T	41	Name and Title.	
Address:	tle:	Address:	<del></del>
Audiças.		Addiess.	
		<del></del>	
•			
	tle:	Name and Title:	
Address:			<u>,</u>
ARTICLE VI	REGISTERED AGENT	~ .	·
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Jason R. Schmidt		
Address:	3919 Day Bridge Place		
	Ellenton, FL 34222	<del></del>	
APTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Jason R Schmidt		
Address:	3919 Day Bridge Place		
	Ellenton, FL 34222		·
77 J	ed as registered agent to accept service of pro		
	n familiar with and accept the appointment as		
// // // // // // // // // // // // //			
(/2	( CILLUTTO	•	1-13-11
Jan	Required Signature/Registered Agent		Date
	Manage Signature Medical College		
Submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the	false information submitted in a
	partment of State constitutes a third degree fe		
/	() A AA		1 12 1
Vr	K -HVT/VV	·	1-13-11
	Required Signature/Incorporator		Data