P11000011354

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

Office Use Only

W11000003757



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DIVISION OF CORPUTATION

2011 JAN 31 PM 3: 2

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COVER LETTER

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

CHID IECT.	SMOOTH LIBOUDATU	nals tah.				
SUBJECT: SMOOTH LIQUIDATIONS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
	riginal and one (1) copy of the artic		\$87.50 Filing Fee, Certified Copy & Certificate of Status			
				l		
FROM: HERBERT CASTOR Name (Printed or typed)						
1144 S.W. 4 TH ST. Address						
BOCA RATON, FL 33486 City, State & Zip						
561 392-5704						
herbecky @ aol, Com E-mail address: (to be used for future annual report notification)						
	r-man address: (10 be/used	ior iuture annual report	nouncation)	2011 JAN 31 PH 3		
	NOTE: Plance provide the or	iginal and ana sany of	f the entire	(A) :-		

1.



RECEIVED

11 JAN 31 PM 3: 25

FLORIDA DEPARTMENT OF STATE ALL AHASSEE. FLORIDA Division of Corporations

January 20, 2011

HERBERT CASTOR 1144 SW 4TH STREET BOCA RATON, FL 33486

SUBJECT: SMOOTH LIQUIDATIONS, INC.

Ref. Number: W11000003757

We have received your document for SMOOTH LIQUIDATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the corporation in Article I.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 211A00001739

DIVISION OF CORPUTATION

7011 JAN 31 PM 3: 2

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

		LIQUIDATIONS	OIVISION OF CORPORATE	
The name of the corpo	oration shall be:		OIVISION OF CURPORALL	
ARTICLE II P	Principal street address		Mailing address, if different is: 3 PH 3: 21	
	1144 S.W. 4th ST. BOCA RATON, FL 3	3481		
ARTICLE III PI The purpose for which			OLESALE SALES	
ARTICLE IV 8 The number of shares	HARES of stock is: 150,000		•	
ARTICLE V II	NITIAL OFFICERS AND/O	R DIRECTORS IT		
Name and Title Address:	:: REBECCA CASTD 1144 S.W. 4 th ST. BOXA RATON, FL	R PRESIDE Name and Til Address:	He: TODD CASTOR VICE-PRESIDENT 5561 DESCARTES CIR. BOYNTON BEACH, FL 33472	
Name and Title	HERBERT CASTO	Name and Ti	ile:	
Address:	SECRETARY-TREASI			
	BOCA RATON, FL	33484		
Name and Title Address:	<u> </u>	Name and Tide Address:	tle:	
	EGISTERED AGENT la street address (P.O. Box NO HERBELT CASTON 1144 S.W. 429 ST.	T acceptable) of the registered at	gent is:	
Address.	BOCA RATON, FL 3	3486		
	NCORPORATOR			
	ss of the Incorporator is:	2		
Name: Address:	HERBERT CASTOR	<u> </u>		
Address.	BOCA RATON, FL	33486		
	as registered agent to accept se familiar with and accept the app		stated corporation at the place designated in d agree to act in this capacity	
1.6	lut Chin	>	JAN. 12 2011	
	Required Signature/Regist	cred Agent	JAN, 12, 2011 Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
- V	lul (In)	2	JAN, 12, 2041	