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(Requestor's Name)

(Address)

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(Business Entity Name)

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NOTARIAL STATE
TAMARA K. KEE, M (CA)

T. Burch MAR 19 2011

COVER LETTER

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

SUBJECT: SML Group, Incorporated

(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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Steve Lourim

Name (Printed or typed)

4115 NW 69th Terrace

Address

Coral Springs, FL. 33065

City, State & Zip

954-914-2703

Daytime Telephone number

slcps@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: **SML Group, Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4115 NW 69th Terrace
Coral Springs, FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- a) Sales of information packaging products and other lawful activities or business permitted under the laws of the United States, the State of Florida, or an other state, county territory or nation.
b) To invest the funds of the corporation in real estate, mortgages, stocks, bonds or other types of investments, and to own real and personal property to effectuate the purposes set forth herein.
c) To do everything necessary and proper for the accomplishment of any said purposes enumerated in these Articles of Incorporation, or any Amendment thereof, necessary or incidental to the benefit of the Corporation, either alone or in association with others.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Steve Lourim, President**
Address: **4115 NW 69th Terrace**
Coral Springs, FL 33065

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

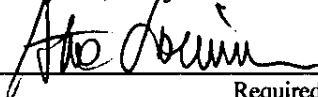
Name: **Steve Lourim**
Address: **4115 NW 69th Terrace**
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Steve Lourim**
Address: **4115 NW 69th Terrace**
Coral Springs, FL 33065

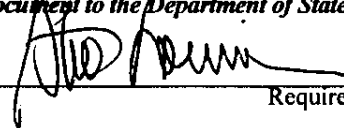
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/28/11
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.



Required Signature/Incorporator

2/28/11
Date