

P110000023520

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Office Use Only



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02/17/11--01035--001 **70:00

11 MAR -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

12/1

COVER LETTER

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

SUBJECT: DS Property Services, 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 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: David T. Smith

Name (Printed or typed)

3495 Hyperion Way SE

Address

Palm Bay, FL 32909

City, State & Zip

321-676-1739

Daytime Telephone number

DSPROPERTYSERVICESINC@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2011

DAVID T. SMITH
3495 HYPERION WAY SE
PALM BAY, FL 32909

SUBJECT: DS PROPERTY SERVICES, INC.
Ref. Number: W11000010266

We have received your document for DS PROPERTY SERVICES, INC. and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 211A00004384

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

APPROVED
AND
FILED

ARTICLE I NAME David T. Smith Real Estate Services, Inc.
The name of the corporation shall be:

11 MAR -2 PM 2:56

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3495 Hyperion Way SE
Palm Bay, FL 32909

Mailing address, if different from principal address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 400

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: David T. Smith, Pres./Treas. | Name and Title: _____ |
| Address: 3495 Hyperion Way SE | Address: _____ |
| Palm Bay, FL 32909 | _____ |

| | |
|--|-----------------------|
| Name and Title: Charlene P. Smith, V. Pres./Sec. | Name and Title: _____ |
| Address: 3495 Hyperion Way SE | Address: _____ |
| Palm Bay, FL 32909 | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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


Name: David T. Smith
Address: 3495 Hyperion Way SE
Palm Bay, FL 32909

ARTICLE VII INCORPORATOR

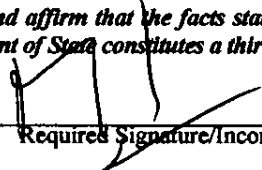
The name and address of the Incorporator is:

Name: David T. Smith
Address: 3495 Hyperion Way SE
Palm Bay, FL 32909

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 | 2/28/2011 _____ 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.

| | |
|---|----------------------------|
|  _____ Required Signature/Incorporator | 2/28/2011 _____ Date |
|---|----------------------------|