

P11000042078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

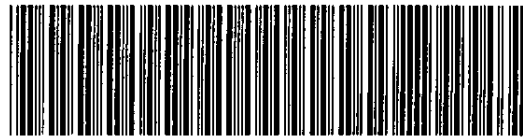
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 APR 29 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
5/2

44 2/6/19

COVER LETTER

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

SUBJECT: SMASE CORPORATION

(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: **SMASE CORP.**

Name (Printed or typed)

1102 SHADOWMOSS CIRCLE

Address

LAKE MARY, FL 32746

City, State & Zip

4078786371

Daytime Telephone number

smasecorp@gmail.com

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

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



RECEIVED

11 APR 29 PM 12:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS

April 18, 2011

SMASE CORP.
1102 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746

SUBJECT: SMASE CORPORATION
Ref. Number: W11000021619

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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

Letter Number: 811A00009338

ARTICLES OF INCORPORATION

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

ARTICLE I NAME SMASE CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1102 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS RENTAL

ARTICLE IV SHARES

The number of shares of stock is 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAAD M. KHAN

Address: 1102 SHADOWMOSS CIRCLE
LAKE MARY FL 32746

Name and Title: _____

Address: _____

Name and Title: MARYAM KHAN

Address: 1102 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746

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: SAAD KHAN

Address: 1102 SHADOWMOSS CIRCLE
LAKE MARY FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAAD KHAN

Address: 1102 SHADOWMOSS CIRCLE
LAKE MARY FL 32746

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

4/25/2011

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

02/04/2011

Date

FILED
11 APR 29 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA