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2011 JUN 13 PM 4:50

SECRETARY OF STATE
PAUL A. HARRIS, JR., CLERK

T. Burch JUN 14 2011

COVER LETTER

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

SUBJECT: Nathan Smith and Assoc., 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: Pam Smith
Name (Printed or typed)

1620 Crestview Drive
Address

Mt. Dora, FL 32757
City, State & Zip

352-735-6143
Daytime Telephone number

Nathan@NSandAssoc.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: Nathan Smith and Assoc., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1620 Crestview Dr.
Mt Dora, FL 32757

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for profit business, sales

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pam Smith - Pres.
Address: 1620 Crestview Dr.
Mt Dora, FL 32757

Name and Title: Stephanie Smith
Address: 1620 Crestview Dr.
Mt Dora, FL 32757

Name and Title: Leigh Smith - VP
Address: 1620 Crestview Dr.
Mt Dora, FL 32757

Name and Title: _____
Address: _____

Name and Title: Nathan Smith
Address: 1620 Crestview Dr.
Mt Dora, FL 32757

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: Pam Smith
Address: 1620 Crestview Dr.
Mt Dora, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pam Smith
Address: Same as registered agent

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

Leigh Smith
Required Signature/Registered Agent

6/8/11
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.

Leigh Smith
Required Signature/Incorporator

6/8/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA