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| Certified Copies Certificates of Status |
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| Considerations to Filips Office |
| Special Instructions to Filing Officer: . |
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Office Use Only



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COVER LETTER

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

| SUBJECT: ThinkRight Company | y, Inc. | |
|---|-------------------------------------|---|
| (PROPOSED CORPORA Enclosed are an original and one (1) copy of the artic | | _ |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED |
| | | .,.,. |
| | (Printed or typed) | |
| 709 North M Street, | Address | |
| Lake Worth, FL 3346 City, 561-386-1450 | State & Zip | |
| Daytime To | elephone number | |
| E-mail address: (to be used | i 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 No. | AME Dration shall be: Think Righ | t Com | panv. Inc. | |
|---|---|--------------------------|---|--|
| ARTICLE II P. 500 Sui | Principal office Principal street address Lake Avenue te 121 te Worth, FL 33460 | Ma | iling address, if different is: | |
| sales | th the corporation is organized is: and market | | | |
| and in ARTICLE IV S. The number of shares | nformational of stock is:1000 | prod | ucts | |
| Name and Title Address: | Craig Billington Smith, Sec/Tres 709 North M Street #201 Lake Worth, FL 33460 | Name and Title: Address: | | |
| Name and Title Address: | Angela Gracia Smith, Pres 709 North M Street #201 Lake Worth, FL 33460 | Name and Title: Address: | | |
| Name and Title Address: | : | Name and Title: Address: | | |
| The <u>name and Florid</u> Name: Address: | EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Craig Billington Smith 500 Lake Avenue, Suite 121 Lake Worth, FL 33460 | | 11 AUG -5 | |
| | vcorporator ss of the Incorporator is: Craig Billington Smith 500 Lake Avenue, Suite 121 Lake Worth, FL 33460 | | PH 2: 05 OF SIATE FRORIDA | |
| | as registered agent to accept service of process amiliar with and accept the appointment as regi | | ee to act in this capacity | |
| _C/Quy | Required Signature/Registered Agent | | August 3, 2011 Date | |
| | ent and affirm that the facts stated herein are untiment of State constitutes a third degree felony | | at the false information submitted in a | |
| Craz | Required Signature/Incorporator | | August 3, 2011 | |
| / | redarion pignatare, monthorator | | Date | |