

P11000073158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

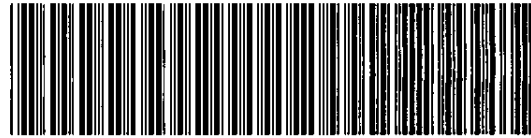
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400210822314

08/15/11--01003--016 \*\*70.00

FILED

2011 AUG 15 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 16 2011

## COVER LETTER

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

**SUBJECT:** SmartCircuits, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Clifford B. Shepard

Name (Printed or typed)

2300 Maitland Center Parkway, Suite 100

Address

Maitland, FL 32751

City, State & Zip

(407) 622-1772

Daytime Telephone number

cshepard@shepardfirm.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: SmartCircuits, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
111 W Pineloch Avenue  
Orlando, FL 32806

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ALL LAWFUL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 999

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stan Patterson - P  
Address: 1109 Windsong Road  
Orlando, FL 32809

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Gregory Sarmiento - T  
Address: 1420 Northridge Ct  
Longwood, FL 32730

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Jim Borda - S  
Address: 4390 Carolwood Street  
Orlando, FL 32812

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

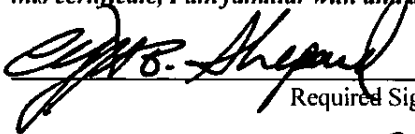
Name: Clifford B. Shepard  
Address: 2300 Maitland Center Parkway, Suite 100  
Maitland, FL 32751

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

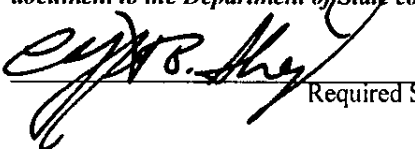
Name: Clifford B. Shepard  
Address: 2300 Maitland Center Parkway, Suite 100  
Maitland, FL 32751

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

August 11, 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

August 11, 2011  
Date

FILED  
2011 AUG 15 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA