

P11000092680

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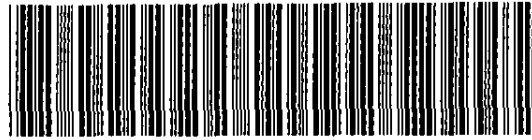
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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11 OCT 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 24 2011

COVER LETTER

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

SUBJECT: SMITH CROWN & BRIDGE 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:

ROBIN J SMITH

Name (Printed or typed)

6484 BOLD VENTURE TRAIL

Address

TALLAHASSEE, FLORIDA 32309

City, State & Zip

850 510 0686

Daytime Telephone number

BLSSNS@EMBARQMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SMITH CROWN & BRIDGE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
327 OFFICE PLAZA DRIVE
SUITE 105
TALLAHASSEE, FLORIDA 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CROWN & BRIDGE RESTORATION PRODUCTION LAB

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBIN J. SMITH OWNER/PRESIDENT Name and Title: _____
Address: _____ Address: _____

6484 BOLD VENTURE TRAIL
TALLAHASSEE, FLORIDA 32309

Name and Title: ROBIN J SMITH / TREASURER Name and Title: _____
Address: _____ Address: _____

ABOVE

Name and Title: ROBIN J SMITH / SECRETARY Name and Title: _____
Address: _____ Address: _____

ABOVE

ARTICLE VI REGISTERED AGENT

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

Name: ROBIN J SMITH
Address: 6484 BOLD VENTURE TRAIL
TALLAHASSEE, FLORIDA 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBIN J SMITH
Address: 6484 BOLD VENTURE TRAIL
TALLAHASSEE, FLORIDA 32309

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

Robin J Smith

Required Signature/Registered Agent

10/24/11
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.

Robin J Smith

Required Signature/Incorporator

10/23/11
Date

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TALLAHASSEE, FLORIDA