

PI1000101619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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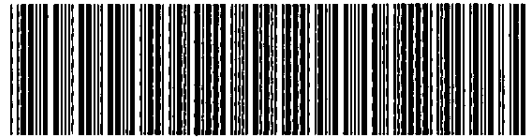
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 NOV 23 PM 5:26

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: DAVIDJONATHANSMITH.COM, 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: DAVID J SMITH
Name (Printed or typed)

21446 TOWN LAKES DRIVE Apt 618
Address

BOCA RATON FL 33486
City, State & Zip

954-344-1752
Daytime Telephone number

djsmithy1218@comcast.net
E-mail address: (to be used for future annual report notification)

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

REVISED
AND
FILED

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:

DAVID JONATHAN SMITH.COM, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

21446 TOWN LAKES DRIVE #618
BOCA RATON FL 33486

SECRETARY OF STATE
MAILING ADDRESS
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT CORPORATION selling products and services
TO CONSUMERS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID J SMITH

Address: 21446 TOWN LAKES DRIVE

APT 618

BOCA RATON FL 33486

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: DAVID J SMITH

Address: 21446 TOWN LAKES DRIVE

APT 618

BOCA RATON FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID JONATHAN SMITH

Address: 21446 TOWN LAKES DRIVE APT 618

BOCA RATON FL 33486

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

11/18/11
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.

Required Signature/Incorporator

11/18/11
Date

ARTICLE VIII

RECEIVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective DATE: JANUARY 1, 2012