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(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , ,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(D. Linnard M. Linder)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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TAIL ANASSES FLORING

m 12/19/11

COVER LETTER

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

SUBJECT: SMILLOW, INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
, FROM: <u>Lindsey Walden</u> Name	(Printed or typed)
1233 NW 127th Drive	ddress
Sunrise, FL 33323	State & Zip
985-373-6382 Daytime Te	elephone number
lindsey@lindseywalde E-mail address: (to be used	en.tv 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 SMILLOW, INC. The name of the corporation shall be:	C.
Principal street address 1233 NW 127th Drive Sunrise, FL 33323	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Development and sale of goods and serv	rices at wholesale and retail.
ARTICLE IV SHARES The number of shares of stock is: 1000	
Name and Title: Lindsey Walden Address: 1233 NW 127th Drive Sunrise, FL 33323	Name and Title:Address:
Name and Title:Address:	
	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a Name: Lindsey Walden Address: 1233 NW 127th Drives Sunrise, FL 33323	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Alan B Samlan Address: 525 W Monroe St Schicago, IL 60661	Suite 2360
	ice of process for the above stated corporation at the place designated in attment as registered agent and agree to act in this capacity
Required Signature/Registere	ed Agent Date
I submit this document and affirm that the facts state	d herein are true. I am aware that the false information submitted in a

DEG. 9, 2011

Required Signature/Incorporator