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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Schmitt Enterprises Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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:

SCHMITT ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/malling address is:

3348 WESTFORD DR APOPKA, FL 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (ontional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

JAIME SCHMITT

3348 WESTFORD DR

APOPKA, FL 32712

VICE-PRESIDENT

CARIE KIFER

3348 WESTFORD DR

APOPKA, FL 32712

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PH 12:

PAGE 2 SCHMITT ENTERPRISES INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAIME SCHMITT 3348 WESTFORD DR APOPKA, FL 32712

JAN -6 PH 12
RETARY OF STANASSEE, FL

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JAIME SCHMITT 3348 WESTFORD DR APOPKA, FL 32712

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.

JAIME SCHMITT / Registered Agent

JAIME SCHMITT /Incorporator

2-6-12

x-6-10

Date

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