## P12000046915

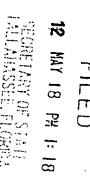
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
. PICK-UP	☐ WAIT	MĄIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: David 1. Smith Real Es	state, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	ADDITIONALC	OT TREQUIRED
FROM: David T. Smith	(Printed or typed)	
3495 Hyperion Way SE	Address	
Palm Bay, FL 32909-13 City,	07 State & Zip	
321-676-1739  Daytime To	elephone number	
dtsREALTOR@gmail.com	m I 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 No.	DAVID T. SMITH REA	AL ESTATE, IN	IC.
ARTICLE II PI	RINCIPAL OFFICE		
	Principal street address	N	Nailing address, if different is:
349	5 Hyperion Way SE		FILED
<u>Palr</u>	n Bay, FL 32909-1307		12 MAY 18 DU .
			12 MAY 18 PM 1: 18
ARTICLE III PU	PDOCE		SECRETARY OF M
	h the corporation is organized is:		SECRETARY OF STATE TALLAMASSEE, FLORIDA
The purpose for which	if the corporation is organized is.		The Annual Country of the Country of
To perform real	estate business.		
ARTICLE IV SI	of stock is: 400	oe.	
Nome and Title	ITIAL OFFICERS AND/OR DIRECTOR David T. Smith. President	Name and Title:	Charlene P. Smith, Vice-President
Address:	3495 Hyperion Way SE	_ Address:	3495 Hyperion Way SE
Audioss.	Palm Bay, FL 32909-1307	1.001055.	Palm Bay, FL 32909-1307
	Table Cary, Cl. Washington		
		_	<del></del> -
	·		
Address:		Address:	
		<del></del>	
Name and Title		Name and Title:	
Address:			
		_	
	EGISTERED AGENT	6.1	
	a street address (P.O. Box NOT acceptable) o	if the registered agei	11 15:
Name:	David T. Smith	_	
Address:	3495 Hyperion Way SE Palm Bay, FL 32909-1307		
	Palm Bay, FL 32909-1307	<del></del>	
ARTICLE VII IN	ICORPORATOR		
	ss of the Incorporator is:		
Name:	David T. Smith	<u> </u>	
Address:	3495 Hyperion Way, SE Palm Bay, FL 32909-1307	_ _	
Having been named this certificate, I am f	as registered agent to accept service of procedumiliar with and accept the appointment as re	ss for the above sta gistered agent and a	ted corporation at the place designated in agree to act in this capacity
	$\chi V_{A}$		May 16, 2012
<del></del>	Required Signature/Registered Agent		Date
	Pavid T. Smith		- 3
	mt and affirm that the facts stated herein ar		
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
	$\bigvee V$ \		
	1 1 Sec		May 16, 2012
	Required Signature/Incorporator	<del> </del>	Date

David T.Smith