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

Office Use Only



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SECRETARY OF STATE

ALLAHASSEE, PLOSIG

5 Burch JUN 18 2012

COVER LETTER

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

SUBJECT:	SMITH CONST (PROPOSED CORPOR	TRUCTION TATE NAME - MUST INCLU	DE SUFFIX)	
Enclosed are an of \$70.00 Filing Fee	riginal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: _		ne (Printed or typed) BI V. OCEA Address		92
-	City	y, State & Zip 54-275-44 Teléphone number	sco, Fl	
-	Susu LS E-mail address: (to be us	Telèphone number MITTE PAGE sed for future annual report no	ail Com	

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 The name of the cor	NAME poration shall be:	SMITH CO	ONSTEKTION	v Co.	
ARTICLE II	PRINCIPAL OFFI	CE .			
4	Principal street a	address OCENU DE		g address, if different is:	_
		15200, 52	- 22900		_
	PURPOSE sich the corporation is	organized is:	OFFICIAL TO	CONSTRUCTION	men
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		ION CONS		•	•
				COUSTRUCTION	
<i>/</i> -	IANAGE I	IENT E E	COFILE	E-POFICE O	DER
	SHARES ,	800			
ARTICLE V	INITIAL OFFICER	S AND/OR DIRECTO	ŖS		
	le: SUSAU	SHITH,	Name and Title:		_
Address:	PRES		Address:	·	
		CEN PE			- 3
NI LET'	•	•			d)n
Name and Tit	ile: <u>KATELY</u>	U E GRAY PEGSITETUS	Name and Title:	—— <u>₹</u> 6- } —	<u> </u>
riddi C33.	1281 N	CCENIDA	4192		_ ·
		- ISLAND, F			
Name and Tit		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name and Title:	25 3 3	
Address:			Address:		_
			_	— ja g	_
				` _ <u>'</u>	_
	REGISTERED AG	ENT O. Box NOT acceptable) o	of the registered agent is:		
Address:	1201 1	I OCEAN DA	e #190		
		- ISLAND,			
ARTICLE VII	INCORPORATOR		20 2224		
		r is:			
Name:	SUSAU	SHITH			
Address:	SINGE	SHITH WOKEN A E SLOWD,	2 #192 Fl 33464		
Having been name	u as registerea agent l	to accept service of proces	ss jor ine above siatea coi	rporation at the place aesignated	d in
this certificate, I am	familiar with and acc	cept the appointment as reg	gistered agent and agree to	act in this capacity	
-	محد وروز			1. 0	<u>,</u>
-	Required Signs	ature/Registered Agent	/	June Bate	
	, •	· ·	_	0	
		the facts stated herein are stitutes a third degree felon		he false information submitted i	n a
uncument to the De	rypagent of state cons	numes a mira degree jeion	iy us proviucu jor in s.01 /.	A SUSTINIA	
	Jarem X	mill -		June & 201	つ
	Required Sig	nature/Incorporator		Date	K.