

A13000024635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

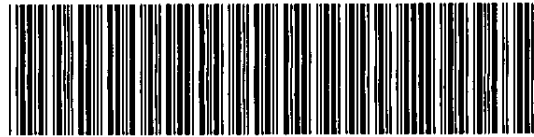
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/01/13--01027--021 **128.75

FILED
13 MAR 14 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/5

W13-13174

COVER LETTER

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

SUBJECT: Smithbower Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)



RECEIVED

13 MAR 14 AM 11:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

March 5, 2013

SMITHBOWER INC.
4938 PARKVIEW DR
ST. CLOUD, FL 34771

SUBJECT: SMITHBOWER INC.
Ref. Number: W13000013174

We have received your document for SMITHBOWER INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 213A00005272

CERTIFICATE OF DOMESTICATION

The undersigned, Gerald Smithbower, Owner,
(Name) (Title)

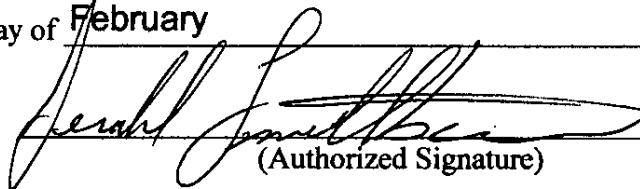
of Smithbower Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 28th day of April, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Pennsylvania.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Smithbower Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Smithbower Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Pennsylvania.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am owner, of Smithbower Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 25 day of February, 2013


(Authorized Signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Smithbower Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

4938 Parkview Dr

4938 Parkview Dr

St. Cloud FL 34771

St. Cloud FL 34771

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

domestic business organization

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

50

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Gerald Smithbower, Pres.

4938 Parkview Dr

St Cloud FL34771

Title/Name

Mary Smithbower, Sec.

4938 Parkview Dr

St Cloud FL 34771

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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TALLAHASSEE FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Gerald Smithbower

4938 Parkview Dr

St Cloud FL 34771

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Gerald Smithbower

4938 Parkview Dr.

St. Cloud FL 34771

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

2/25/2013
Date


Signature/Incorporator

3/11/2013
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA