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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch MAR 22 2013

*psh*

## COVER LETTER

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

**SUBJECT: SMITH ACCOUNT ABILITY, CO.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Kathleen A. Smith**

Name (Printed or typed)

**P.O. Box 32631**

Address

**West Palm Beach, FL 33420**

City, State & Zip

**631-949-7862**

Daytime Telephone number

**ksmith32631@gmail.com**

E-mail address: (to be used 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**

The name of the corporation shall be: SMITH ACCOUNT ABILITY, CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

239 Fortuna Drive

Palm Beach Gardens, FL 33410

Mailing address, if different is:

P.O. Box 32631

West Palm Beach, FL 33420

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide bookkeeping and accounting services

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kathleen A. Smith/President

Address: P.O. Box 32631  
West Palm Beach, FL 33420

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kathleen A. Smith  
Address: 239 Fortuna Drive  
Palm Beach Gardens, FL 33410

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathleen A. Smith  
Address: 239 Fortuna Drive  
Palm Beach Gardens, FL 33410

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TALLAHASSEE, FL

*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*

Kathleen A. Smith  
Required Signature/Registered Agent

3/18/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Kathleen A. Smith  
Required Signature/Incorporator

3/18/13  
Date