## P1300028714

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## **COVER LETTER**

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

SUBJECT: Cor	nsumer Smart, In	IC.	
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: J	ohn Neese		
	Nam	e (Printed or typed)	
10	615 Dunlap Dr.		
		Address	
D	eltona, Fl 32725		
	City	, State & Zip	
(3	386) 837-0241		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

jmneese@mpinet.net

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II P	RINCIPAL OFFICE Principal street address	Mailin	g address, if different is:
615 Dunlap Dr.		,	<del>-</del>
eltona, FI	32725		
		, ————————————————————————————————————	
TICLE III PU	TRPOSE: h the corporation is organized is:	age in any and all	lawful commerc
parpose for write	in the corporation is organized is.		
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TICLE IV S.	HARES of stock is: 600,000		## #5 \$) \$1 10 #5
		<del></del>	5 to 15
TICLE V II	NITIAL OFFICERS AND/OR DIREC		等 <b>5</b>
TICLE V II	NITIAL OFFICERS AND/OR DIREC Vitle: Title P	Name and Title:	等 <b>5</b>
TICLE V II	NITIAL OFFICERS AND/OR DIRECTION TO THE CONTROL OF		等 <b>5</b>
TICLE V II	Title P  John Neese  Dunlap Dr.	Name and Title:	等 <b>5</b>
TICLE V II	NITIAL OFFICERS AND/OR DIRECTION TO THE CONTROL OF	Name and Title:	等 <b>5</b>
Name and T Address	Title P John Neese Dunlap Dr. Deltona, FI 32725	Name and Title:Address:	## <b>5</b>
Name and T Address	Title P John Neese Dunlap Dr. Deltona, Fl 32725	Name and Title:  Address:  Name and Title:	## <b>5</b>
Name and T Address  Name and Ti	Title P John Neese Dunlap Dr. Deltona, FI 32725	Name and Title: Address: Name and Title: Address:	## <b>5</b>
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Name and Tandaress  Name and Tandaress	Title P John Neese Dunlap Dr. Deltona, FI 32725	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	55

Name	and Title:	Name and Title:
Addre		Address:
ARTICLE VI	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	John Neese	
Address:	1615 Dunlap Dr.	FIL 13 MAR 28 SECRETARY ALLAIDSSI
	Deltona, Fl 32725	FILED R 28 PM TARY OF SHEET
ARTICLE VI	I INCORPORATOR	1
The name and	address of the Incorporator is:	- <del> </del>
Name:	John Neese	
Address:	1615 Dunlap Dr.	
	Deltona, FI 32725	<del></del>
		ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	MI Musl	3/26/2013
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein e Department of State constitytes a third degree	are true. I am aware that the false information submitted is felony as provided for in s.817.155, F.S.
	MATAUN	3/26/2013
	Required Signature/Incorporator	Date