

END 1/24

**COVER LETTER**

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

**SUBJECT: Smiths Interior Finishing, Inc**

**(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM: Judith Kidd**

Name (Printed or typed)

**1541 NW 62 Terr**

Address

**Sunrise, Florida 33313**

City, State & Zip

**954 5484827**

Daytime Telephone number

**jkidd484@yahoo.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: Smiths Interior Finishing, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1541 NW 62 Terr

Sunrise, Florida 33313

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any business the director choose to enter into

**ARTICLE IV SHARES** 10

The number of shares of stock is: 10

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

Name and Title: Judith Kidd President

Name and Title: Marvin Smith Vice-President

Address 1541 NW 62 Terr  
Sunrise, Florida 33313

Address: 1541 NW 62 Terr  
Sunrise, Florida 33313

Name and Title: Judith Kidd Treasurer

Name and Title: Jessica Smith Secretary

Address 1541 NW 62 Terr  
Sunrise Florida 33313

Address: 1541 NW 62 Terr  
Sunrise, Florida 33313

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

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

Address \_\_\_\_\_

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

(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: Judith Kidd  
Address: 1541 NW 62 Terr  
Sunrise, Florida 33313


14 JAN 16 PM 2:52  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

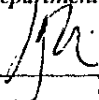
Name: Judith Kidd  
Address: 1541 NW 62 Terr  
Sunrise, Florida 33313

*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*

  
Required Signature/Registered Agent

1/13/14  
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.*

  
Required Signature/Incorporator

1/13/14  
Date