## P14000047604

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nar	me) 、
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300260001553

06/04/14 -- 01003--003 \*\*78.25

TA JIN-4 AN 8: 48

SECRETARY OF STATE

5 3 4/1

## **COVER LETTER**

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

SUBJECT:	Smith Contracti	ng TNC TJE NAME – MUST INCL	ÚDE SUFFIX)		
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:	1	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Hiling Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
	525 Fairback Ferry	e (Printed or typed)  Rd Address  33  State & Zip	TALLAHASSEE, F	14 JUN -4 AM	interests in the second
	Daytime T	elephone number  Chail. Com  d for future annual report	notification)	AM 9: 00	STORY

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)

	T <sup>‡</sup>
FeI	50-0011148

name of the corpor			1 1		
	NCIPAL OFFICE Principal street address	M	ailing address, if dif	fferent is:	
6525 Fair	bank Ferry Rd				
Havana,	bank Ferry Rd F1 32333		SAme	· · · · · · · · · · · · · · · · · · ·	<del></del>
TICLE III PUF purpose for which	the corporation is organized is:	+ all law	Ful busin	eSS	
				SE	14
					_
number of shares of	TIAL OFFICERS AND/OR DIRECTOR			ETARY OF STATE HASSEF, FLORIE	10 :6 HV 1- N
number of shares of	stock is:			ETARY OF STATE HASSEE, FLORIDA	
number of shares of	stock is:	Name and Title: Address:		ETARY OF STATE HASSEF, FLORIDA	
number of shares of FICLE V INI Name and Titl Address	stock is:  TIAL OFFICERS AND/OR DIRECTOR  C: Joe H. Smith-Azsident  L525 Fairbank Ferry Rd	Name and Title:_ Address:		V DIAC	9: 01
number of shares of FICLE V INI Name and Titl Address	stock is:  TIAL OFFICERS AND/OR DIRECTOR  Tou H. Smith-Acsident  L525 Fairbank Ferry Rd  Havana Fl 32333	Name and Title:_ Address:  Name and Title:		VOI A	9: 01
Name and Title  Name and Title  Address	stock is:  TIAL OFFICERS AND/OR DIRECTOR  C: Joe H. Smith-Assident  L525 Fairbank Ferry Rd  Havana Fl 32333	Name and Title:_ Address: Name and Title:_ Address:		YOIRG	9: 01

Name and T	itle:	Name and Title:	
Address		Address:	
<del></del>	EGISTERED AGENT	Call a seed at seed to	
	da street address (P.O. Box NOT acceptable) of Toe H. Sm. +h	i the registered agent is:	
Address: _	6525 Fairbank Ferry 1 Havana F1 3233	8d	
_	Havana F1 3233	3	14 SE
ARTICLE VII I	NCORPORATOR		AHA SE TO
The name and addr	ess of the Incorporator is:		SSE
Name:	Joe H. Smith		Te <b>E</b> 111
Address:	Joe H. Smith 6525 Fairbank Ferry Havana F1 3233	Rd	TILED  WING AN 9: 01  RETARY OF STATE AHASSEE, FLORID.
	Havanu F1 3233	·3 -	D <sub>A</sub>
	as registered agent to accept service of process familiar with and accept the appointment as reg		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 9 dl		6-4-14 Date
	Required Signature/Registered Agent		Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are partment of State constitutes a third degreefelon	true. I am aware that the false inf	formation submitted in a
	Soo. A D. H.		6-4-14
	Required Signature/Incorporator		Date