## P14000074786

(Requestor's Name)			
(Address)			
, (A	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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SEP 1 0 2014			
A. DUNLAP			
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SECRETARY OF STATE
TALLAHASSEE FLOWD

## **COVER LETTER**

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

,			
SURJECT: Sm	eyle Media, In	IC.	
Sobstitution .	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
FROM: N	lary R. Jones		
38	840 W. Hillsbo		56
D	eerfield Beach	-	2
(5	61) 674-5415	State & Zip	
	Daytime 7	elephone number	

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

info@smeyle.org
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)

The name of the corpora	tion shall be: Smeyle Med	dia, Inc.			
Principal office Principal street address  3840 W. Hillsboro Blvd, #156  Deerfield Beach, FL 33442		M	ailing address, if different i	is·	
			SAME		
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: Usiness permitted u	e corporation	shall engage	in any	
<del></del>	State of Florida.				
			1		
			AEC LO	14 SE	
			<u> </u>	FP -9	
			SEE SY S	E D	
The number of shares of	ARES stock is: 125			တ	
			ORIO PURIOR	59	
	<u>rtat officers and/or dire</u> <sub>::</sub> Mary R. Jones, Presi				
	3840 W. Hillsboro Blvd,	#156		<del> </del>	
Address	Deerfield Beach, FL 3		·		
				<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
Name and Title:		Name and Title:_			
Address		Address:		· · · · · · · · · · · · · · · · · · ·	
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		<del></del>		_ <del></del>	
Name and Title		Nome and Title			
Address		Address:	· · · · · · · · · · · · · · · · · · ·		
		<del></del>			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fi	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Mary R. Jones, President	
Address:	3840 W. Hillsboro Blvd, #156	SEP T
,,,,,,,,,,	Deerfield Beach, FL 33442	ASSET IN
ARTICLE VII	INCORPORATOR	8. 8.
The <u>name and ad</u>	dress of the Incorporator is:	759
Name:	Mary R. Jones, President	<u>.</u>
Address:	3840 W. Hillsboro Blvd, #156	
	Deerfield Beach, FL 33442	- - -
I submit this doc	Required Signature/Registered Agent  ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.