

P15060032189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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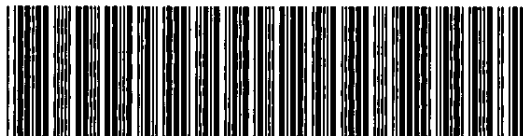
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLAHASSEE, FL 32007

ACW

4/9/15

COVER LETTER

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

SUBJECT: Smart Control System 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
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: Carlos Alberto Martinez

Name (Printed or typed)

8249 SW 149th Ct Apt #205

Address

Miami, FL 33193

City, State & Zip

786-754-1686

Daytime Telephone number

Alberto0924@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: Smart Control System Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8249 SW 149th Ct Apt #205

Miami, FL 33193

Mailing address, if different is:

8249 SW 149th Ct Apt #205

Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct construction business in the
state of Florida and open a bank account .

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Alberto Martinez, Pres

Address: 8249 SW 149th Ct Apt #205
Miami, FL 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Carlos E Sosa

Address: 5201 Blue Lagoon Drive ,Suite 800

Miami, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos Alberto Martinez, Pres

Address: 8249 SW 149th Ct Apt #205

Miami, FL 33193

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

3/31/2015

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

4/1/15
Date