

PI5000052454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

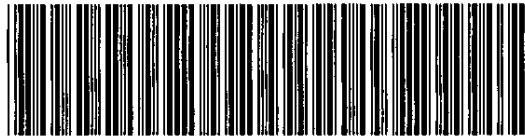
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15 JUN 15 PM 6:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.8 2015

Original

## COVER LETTER

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

**SUBJECT:** SMITH YACHT SOLUTIONS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** TYLER FUGITT, ESQ. - FRANSON, ISELEY & RENDZIO, P.A.  
Name (Printed or typed)

1400 PRUDENTIAL DRIVE, SUITE 5

Address

JACKSONVILLE, FLORIDA 32207

City, State & Zip

(904) 910 - 2023

Daytime Telephone number

tfugitt@fi-law.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** SMITH YACHT SOLUTIONS, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

6920 Wittman Drive

Fort Myers, Florida 33919

**ARTICLE III PURPOSE** FOR ANY AND ALL LAWFUL PURPOSE OR PURPOSES  
The purpose for which the corporation is organized is: \_\_\_\_\_

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**ARTICLE IV SHARES** TEN (10) SHARES  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: H. ELIZABETH SMITH / PRESIDENT

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

Address 6920 WITTMAN DRIVE

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

FORT MYERS, FLORIDA 33919

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: TYLER FUGITT, ESQ. - FRANSON, ISELEY  
Address: 1400 PRUDENTIAL DRIVE, SUITE 5  
JACKSONVILLE, FLORIDA 32207

**ARTICLE VII INCORPORATOR**

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

Name: H. ELIZABETH SMITH  
Address: 6920 WITTMAN DRIVE  
FORT MYERS, FLORIDA 33919

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/5/15  
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

6/5/15  
Date