

P15000083019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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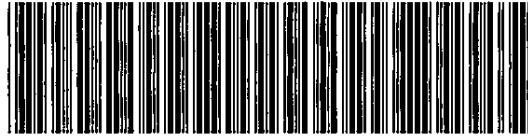
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/02/15--01010--016 \*\*70.00

15 OCT -2 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT:** SMART EXECUTIVES, 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:** ROBERT BROWN

Name (Printed or typed)

4321 EMERALD VISTA

Address

LAKE WORTH, FL 33461

City, State & Zip

5618035913

Daytime Telephone number

mrbrown7two@gmail.com

E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro) **15 OCT -2 PM 2:00**

**ARTICLE I NAME**

The name of the corporation shall be: SMART EXECUTIVES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4321 EMERALD VISTA  
LAKE WORTH, FL 33461

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SOURCING AND RECURITING TALENTS FOR DIRECT HIRE  
WITH EMPLOYERS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ROBERT BROWN, PRESIDENT

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

Address 4321 EMERALD VISTA  
LAKE WORTH, FL 33461

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

Name and Title: FLORENCE BROWN, VICE PRESIDENT

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

Address 4321 EMERALD VISTA  
LAKE WORTH, FL 33461

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED

15 OCT -2 PM 2:00

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: NICHOLAS BROWN  
Address: 4321 EMERALD VISTA  
LAKE WORTH, FL 33461

**ARTICLE VII INCORPORATOR**

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

Name: ROBERT BROWN  
Address: 4321 EMERALD VISTA  
LAKE WORTH, FL 33461

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/29/2015. (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*

N. Brown  
Required Signature/Registered Agent

9-28-2015  
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.*

[Signature]  
Required Signature/Incorporator

9-28-2015  
Date