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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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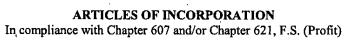
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COVER LETTER

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

SUBJECT: Kathleer	A. Smith, P.A., Attorney at Law	•	
50b3EC1	(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 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 CO)PY REQUIRED
FROM: Kat	hleen A. Smith	e (Printed or typed)	
P.O.	Box 2646		
		Address	
Titu	sville, FL 32781		
	City,	State & Zip	
321-	543-6755		
	Daytime 7	elephone number	
kath	leenasmith1@aol.com		
	E-mail address: (to be use	d for future annual report	notification)

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





The name of the corporation shall be: Kathleen A. Smith, P.A., Attorney at Law			CT -9 PM 1:5
RTICLE II PRII		SEC Mailing address Alli o	RETARY OF STATE
23 S. Washington	Avenue, Suite 207	P.O. Box 2646	
tusville, FL 32780		Titusville, FL 32781	
RTICLE III PUR ne purpose for which	POSE 1 the corporation is organized is:	vide legal services	
	· · · · · · · · · · · · · · · · · · ·		
		,	
	,	S Name and Title:	
Address	2323 S. Washington Avenue Suite 207	Address:	——————————————————————————————————————
	Titusville FL 32780	· .	
Nome and Tit			
	la.		
	le:		
Address	e:		
Address		Address:	
		Address:	
		Address: Name and Title:	· .

Name a	nd Title:	_ Name and Title	FILED
Addres		_ Address:	15 OCT -9 PM 1:59
		_	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		_	
DTICLE VI	REGISTERED AGENT		
TRICLE VI he name and I	Florida street address (P.O. Box NOT acceptable)	of the registered ag	ent is:
Name:	Kathleen A. Smith		
Address:	2323 S. Washington Avenue, Suite 207	_	
Address.	Titusville, FL 32780	-	
		_	
RTICLE VII	INCORPORATOR		•
The name and	address of the Incorporator is:		
Name:	Kathleen A. Smith		
Address:	2323 S. Washington Avenue, Suite 207	_	
	Titusville, FL 32780		
	if other than the date of filing:	(0	PTIONAL)
If an effective lays after the	date is listed, the date must be specific and cann		
	ate inserted in this block does not meet the applicable effective date on the Department of State's records		equirements, this date will not be listed as
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r		
Kath	rle almier		10/7/15
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein ar		
tocument to the	e Department of State constitutes a third degree felo	ny as proviaea foi	m 5.01/.133, F.S.
Mat	Men C. Smith uired Signature/Incorporator		10/7/15 Date
ncq	and organismo morporator		