



**COVER LETTER**

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

**SUBJECT:** Kathleen A. Smith, P.A., Attorney at Law  
(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:** Kathleen A. Smith  
\_\_\_\_\_  
Name (Printed or typed)  
  
P.O. Box 2646  
\_\_\_\_\_  
Address  
  
Titusville, FL 32781  
\_\_\_\_\_  
City, State & Zip  
  
321-543-6755  
\_\_\_\_\_  
Daytime Telephone number  
  
kathleenasmith1@aol.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**  
The name of the corporation shall be: Kathleen A. Smith, P.A., Attorney at Law

15 OCT -9 PM 1:59

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2323 S. Washington Avenue, Suite 207

P.O. Box 2646

Titusville, FL 32780

Titusville, FL 32781

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To provide legal services

**ARTICLE IV SHARES**      100  
The number of shares of stock is: \_\_\_\_\_

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

|                 |                                  |                 |       |
|-----------------|----------------------------------|-----------------|-------|
| Name and Title: | <u>Kathleen A. Smith, DPST</u>   | Name and Title: | _____ |
| Address         | <u>2323 S. Washington Avenue</u> | Address:        | _____ |
|                 | <u>Suite 207</u>                 |                 | _____ |
|                 | <u>Titusville FL 32780</u>       |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: 15 OCT -9 PM 1:59  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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: Kathleen A. Smith  
Address: 2323 S. Washington Avenue, Suite 207  
Titusville, FL 32780

**ARTICLE VII INCORPORATOR**

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

Name: Kathleen A. Smith  
Address: 2323 S. Washington Avenue, Suite 207  
Titusville, FL 32780

**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*

Kathleen A. Smith  
Required Signature/Registered Agent

10/7/15  
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.*

Kathleen A. Smith  
Required Signature/Incorporator

10/7/15  
Date