

P15000087488

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

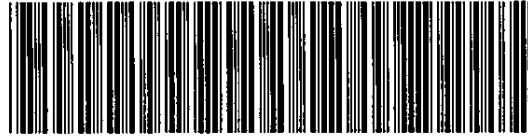
Certified Copies _____

Certificates of Status ☒

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

T. BROWN

COVER LETTER

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

SUBJECT: Steve M Lewis Document Services Inc., dba SML Document Services 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: Steve M Lewos

Name (Printed or typed)

PO Box 484

Address

Vero Beach, FL 32961

City, State & Zip

813-205-2850

Daytime Telephone number

judithlewiscpa@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

STEVE M LEWIS
PO BOX 484
VERO BEACH, FL 32961

SUBJECT: STEVE M LEWIS DOCUMENT SERVICES INC., DBA SML
DOCUMENT SERVICES INC.
Ref. Number: W15000069574

We have received your document for STEVE M LEWIS DOCUMENT SERVICES INC., DBA SML DOCUMENT SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 715A00022188

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Steve M Lewis Document Services Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address580 42nd Ct.Vero Beach, FL 32968

Mailing address, if different is:

PO Box 484Vero Beach, FL 32961**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Making referrals for records storage**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Steve M. Lewis, President, TreasurerAddress: 580 42nd Ct.Vero Beach, FL 32968Name and Title: Robert Kyff, Vice-President, SecretaryAddress: 1013 Gowdy AvePoint Pleasant Beach, NJ 08742

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2015 OCT 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Steve M. LewisAddress: 580 42nd Ct.Vero Beach, FL 32968**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Steve M. LewisAddress: 580 42nd Ct.Vero Beach, FL 32968**ARTICLE VIII EFFECTIVE DATE:**

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

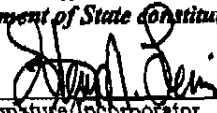
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

10-6-2015

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

10-6-2015

Date