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COVER LETTER

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

SUBJECT:	\mathbf{O}_{k}	IARTHOME, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:	
	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	_	(Printed or typed)		
	799 SW 474 AVE, #6			
	BOCA RATON, FL 33432 City, State & Zip			
	(561) 809 Daytime T	7 - 36657 elephone number		
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NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be UberSmarthome, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

799 SW 4th Ave. #6 Boca Raton, FL 33432

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Twenty Million (20,000,000) Shares of Class A Voting Common Stock having a par value of \$0.0001, Ten Million (10,000,000) Shares of Class B Non-voting Common Stock having a par value of \$0.0001, and Five Million (5,000,000) Shares of Preferred Stock having a par value of \$0.0001.

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

lan M. Vickers. 799 SW 4th Ave. #6 Boca Raton, FL 33432

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Art	icles of Incorporation is:		5	
lan M. Vickers.		<u> 2</u> 5	۲.	
799 SW 4 th Ave. #6				
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/ \$ignature/Incorporator	Date	3	*#\.1	
		Em .	ဌာ	
Having been named as registered agent and to accept service	of process for the above state	d corpo	ration	
at the place designated in this certificate, I hereby accept the	•			
to act in this capacity. I further agree to comply with the pro-			-	
and complete performance of my duties, and I am familiar wi	th and accept the obligations of	מ my po	sition	
as registered agent.				
4/11	1/2/201	16.		
/ Signature/Registered Agent	Date			