

P160000006288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

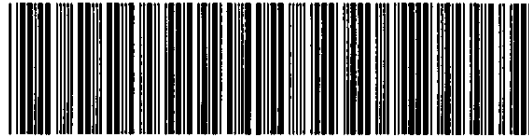
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16 JAN 22 PM 2:49
TALLAHASSEE
FLORIDA

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und 1/25

COVER LETTER

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

SUBJECT: Smith Thompson Group, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kyna T Smith

Name (Printed or typed)

8892 135th Road

Address

Live Oak, FL 32060

City, State & Zip

386-208-2762

Daytime Telephone number

queenkyna@gmail.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

January 7, 2016

KYNA T. SMITH
8892 135TH ROAD
LILVE OAK, FL 32060

SUBJECT: SMITH THOMPSON GROUP, INC
Ref. Number: W16000001017

We have received your document for SMITH THOMPSON GROUP, 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 416A00000426

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Smith Thompson Group, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8892 135th Road

Live Oak, FL 32060

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Investment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James E. Smith, III / CEO

Address: 8892 135th Road

Live Oak, FL 32060

Name and Title: Kyna T. Smith / ~~CEO~~ B

Address: 8892 135th Road

Live Oak, FL 32060

Name and Title: Lucas R. Smith / ~~CEO~~ Mgr

Address: 8892 135th Road

Live Oak, FL 32060

Name and Title: Jordan T. Smith / ~~CEO~~ Mgr

Address: 8892 135th Road

Live Oak, FL 32060

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 JAN 22 PM 2:49
DEPARTMENT 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: James E. Smith, III
Address: 8892 135th Road
Live Oak, FL 32060

ARTICLE VII INCORPORATOR

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

Name: Kyna T. Smith
Address: 8892 135th Road
Live Oak, FL 32060

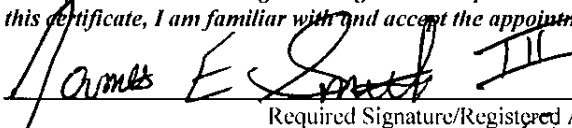
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/20/2015 (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


Required Signature/Registered Agent

12/20/2015
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

12/20/2015
Date