

FILE 000007463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

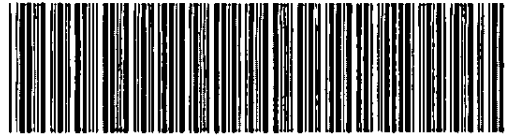
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200279086472

FILED  
15 NOV 20 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/23/15--01002--000--0002-50

RECEIVED  
DEPARTMENT OF STATE  
15 NOV 20 PM 2:40

NOV 20 2015

T SCHROEDER

87-50

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 11/20 GLINDA

**XX CERTIFIED COPY**

☐ **PHOTOCOPY**

**XX CUS**

GS

**XX FILING**

ARTICLES

**1. SMART FUEL SOLUTIONS INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** SMART FUEL SOLUTIONS 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:** CHRISTOPHER SMITH  
\_\_\_\_\_  
Name (Printed or typed)  
  
P.O. BOX 025648, EPS D-2016  
\_\_\_\_\_  
Address  
  
MIAMI, FL 33102-5648  
\_\_\_\_\_  
City, State & Zip  
  
869-469-1812  
\_\_\_\_\_  
Daytime Telephone number  
  
info@associatedtrustees.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)

**ARTICLE I NAME**

The name of the corporation shall be: SMART FUEL SOLUTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

325 Sharon Park Drive

Suite 744,

Menlo Park, CA 94025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO OWN AND OPERATE WASTE TO FUEL PLANTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 NOV 20 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 50,000,000

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

Name and Title: Mr. Christopher Paul Bowers, Dir/Pres

Address: 1961 Camino de Los Robles

Menlo Park

CA 94025

Name and Title: Mr. Michael Shawn Riley, Director

Address: 242 Algiers Avenue

Fort Lauderdale

FL 33308

Name and Title: Mr. Gary M. De Laurentiis, Director

Address: 14699 Holman Mountain Road

Jamestown

CA 95327

Name and Title: Mr. Nicholas Mitchell Drobac, Sec/Trea

Address: P.O. Box 67161

Scotts Valley

CA 95067

Name and Title: Mr. Christopher Richard Smith, Director

Address: 33 Playa Laguna

Sosua

Dominican Republic

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agent Solutions, Inc.  
Address: 155 Office Plaza Dr., Suite A  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ricardo Orozco  
Address: 1701 Directors Blvd, Suite 300  
Austin, TX 78744

FILED  
15 NOV 20 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

Jaeleyn W. J. Asst. Secretary  
Required Signature/Registered Agent

11/20/2015  
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.*

Ricardo Orozco  
Required Signature/Incorporator

11/20/2015  
Date