

P160000 33170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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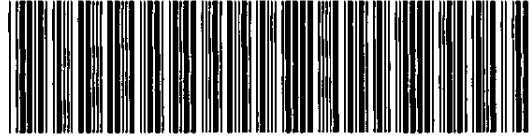
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 APR 11 AM 11:51

COVER LETTER

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 11 AM 11:51

SUBJECT: S-MART Distributing Corp.
(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: ANA Silverio
Name (Printed or typed)

8743 NW 167 Street
Address

Miami Lakes, FL 33018
City, State & Zip

305/926-5888
Daytime Telephone number

rsilverio2@comcast.net
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: S-MART Distributing Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8743 NW 167 Street
Miami Lakes, FL 33018

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale distributing
to gift shops

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 11 AM 11:51

ARTICLE IV SHARES

The number of shares of stock is: seventy-five (75)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ramon D. Silverio</u>	Name and Title:	<u>Ana J. Silverio</u>
Address	<u>President</u>	Address:	<u>Secretary & Treasurer</u>
	<u>8743 NW 167 St.</u>		<u>8743 NW 167 St.</u>
	<u>Miami Lakes, FL 33018</u>		<u>Miami Lakes, FL 33018</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Ramon D. Silverio
Address: 8743 NW 167 ST.
MIAMI LAKES, FL 33018

ARTICLE VII INCORPORATOR

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

Name: Ramon D. Silverio
Address: 8743 NW 167 ST.
MIAMI LAKES, FL 33018

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STATE
SECRETARY OF CORPORATIONS
DIVISION 5
16 APR 11 AM 11:51

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

Ramon D. Silverio
Required Signature/Registered Agent

4-1-2016
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.

Ramon D. Silverio
Required Signature/Incorporator

4-1-2016
Date

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Address	<u>President</u>	Address:	<u>Secretary & Treasurer</u>
	<u>8743 NW 167 St.</u>		<u>8743 NW 167 St.</u>
	<u>Miami Lakes, FL 33018</u>		<u>Miami Lakes, FL 33018</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Address: _____ Address: _____

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Address: _____ Address: _____

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4-1-2016
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