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FLORIDA PROFIT/NON PROFIT CORPORATION OLUFEMI SMITH P.A.

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COVER LETTER

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Olufemi Smith P.A.

SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
* \ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	nfemi South Nam 0 NW 176 Terrace	ne (Printed or typed)		
	Address			
Mis	ami, Fl. 33169			
	City	, State & Zip		
786	-306-4248			
	Daytime	Telephone number		
real	toral24@gmail.com			

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 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE 1 NAME Oluferni Smith P.A. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address 1240 N.W. 176 Terrace Miami, Fl. 33169 Mailing address, if different is: The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Olufemi Smith / CEO _ Name and Title:_____ 1240 NW 176 Terrace Address _ Address: Mlami, Fl. 33169 Name and Title:______ Name and Title:______ Address _____ Address: Name and Title: Name and Title: Address __ Address:

Name a	nd Title:	Name and Title:	
Addres	ess	Address:	
			
	REGISTERED AGENT		
The name and !	Florids street address (P.O. Box NOT acceptate Olufemi Smith	(e) of the registered agent is:	
Name:		- 	
Address:	1240 NW 176 Terrace		co)
	Mlami, Fl. 33169	_4 _	.:
ARTICLE VII	INCORPORATOR		(ن.)
The name and s	address of the Incorporator is:)_*e
Name:	Olufemi Smith		5
Address:	1240 NW 176 Terrace	_	.
Auguess.	Miami, Fl. 33169	 -	
Effective date, i (If un effective days after the t			s days prior or 90 business
Note: If the date the document's	te inserted in this block does not meet the applieffective date on the Department of State's reco	able statutory filing requirements rds.	, this date will not be listed as
Having been no this certificate, i	amed as registered agent to accept service of pi I am familiar with and accept the appointment	ovess for the above stated corpora is registered agent and agree to ac	ation at the place designated in I in this capacity
			7/11/2017
	Required Signature/Registered Agen		Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am uware that the fa felony as provided for in s.817.15.	dse information submitted in a 5, F.S.
			7/11/2017
Requ	nired Signeture/Incorporator		Date