

P160000090063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

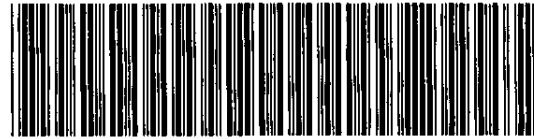
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/16--01017--010 **78.75

16 NOV -9 AM 8:23
STATE OF FLORIDA
TALLAHASSEE FLORIDA

11/10/16

COVER LETTER

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

SUBJECT: Smith Professional Services of Florida Corporation

(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: William M Smith

Name (Printed or typed)

832 Driftwood Pt Rd

Address

Santa Rosa Beach, Fl. 32459

City, State & Zip

850-974-3881

Daytime Telephone number

wahoo68@cox.net

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

October 25, 2016

WILLIAM M SMITH
832 DRIFTWOOD PT RD
SANTA ROSA BEACH, FL 32459

SUBJECT: SMITH PROFESSIONAL SERVICES OF FLORIDA
Ref. Number: W16000072540

We have received your document for SMITH PROFESSIONAL SERVICES OF FLORIDA 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00022898

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 Professional Services Corporation of Florida

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

832 Driftwood Pt Rd

Santa Rosa Beach, Fl, 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide professional aviation and real estate services to customers

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William M Smith P

Name and Title: _____

Address 832 Driftwood Pt Rd

Address: _____

Santa Rosa Beach, Fl, 32459

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 NOV - 9 AM 8:29
STATE OF FLORIDA
TALLAHASSEE

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: Willaim M Smith
Address: 832 Driftwood Pt Rd
Santa Rosa Beach, fl, 32459

ARTICLE VII INCORPORATOR

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

Name: William Smith
Address: 832 Driftwood Pt Rd
Santa Rosa Beach, Fl. 32459

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

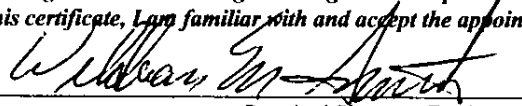
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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.

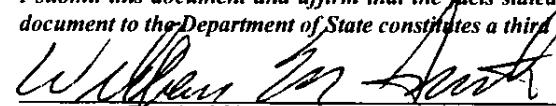
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
11/7/16

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
11/7/16

Date