

# P19000064629

## Florida Department of State

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### FLORIDA PROFIT/NON PROFIT CORPORATION SMARTIMPORT, CORP

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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N. SAMS

AUG 19 2019

**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: SMARTIMPORT, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13233 GLACIER NATIONAL DR. APT 580713233 GLACIER NATIONAL DR. APT 5807ORLANDO, FL 32837ORLANDO, FL 32837**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P: OMAR A. RANGEL SANCHEZ

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

Address

13233 GLACIER NATIONAL DR.

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

APT. 5807ORLANDO, FL 32837

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

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

Address

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

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

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

Address

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: OMAR A. RANGEL SANCHEZ  
Address: 13233 GLACIER NATIONAL DR. APT 5807  
ORLANDO, FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OMAR A. RANGEL SANCHEZ  
Address: 13233 GLACIER NATIONAL DR. APT 5807  
ORLANDO, FL 32837

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/09/2019 (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.)

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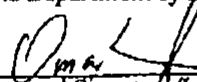
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

08/09/2019

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

08/09/2019

Date