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## **COVER LETTER**

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| \$70.00 | \$78.75 | \$78.75 | \$87.50 |
Filing Fee | & Certificate of Status | & Certified Copy & Certified Copy & Certificate of Status |

| ADDITIONAL COPY REQUIRED

FROM: Lesline Russell-Smith Name (Printed or typed)
3724 Ventura Cove Drive
Orlando, Florida 32822 City, State & Zip
954-560-6322  Daytime Telephone number
russell smith corp kush kash intlegmail. 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)

The name of the corpora	tion shall be: Russell-Smi	th kush kash 1	NTL Corp.
<u>ARTICLE II PRINC</u>			illing address, if different is:
	the corporation is organized is: +0		vorld class of local marke- of service.
		Sident Name and Title (See Dr. Address:	arfield Smith Cto
Name and Title Address	:	Name and Title:Address;	
Name and Title Address	:		

Name a	nd Title:	Name and Title:
∧ddres	:s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Lesline Russell-Smith	-
Address:	3724 Ventura Cove Driv	
7 (00.10)	Orlando, Fl 32822	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Lesline Russelt Smith 3124 Ventura Cove D	<u>h</u>
Address:		
	Orlando, Fl 32822	_
ARTICLE VIII	EFFECTIVE DATE:	(ODTIONAL)
(If an effective filing.)	f other than the date of filing:	not be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records	ole statutory filing requirements, this date will not be listed as s.
	med as registered agent to accept service of process familiar with and accept the appointment as regist	s for the above stated corporation at the place designated in thi tered agent and agree to act in this capacity
<		12/15/9
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	<del>\$(</del> ()	12/15/19
Required Signat	ture Incorporator	Date

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