

P20000004146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

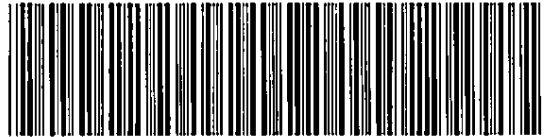
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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01/23/20--01002--002 **78.75

FILED

2020 JAN 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 22 PM 4:05

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. SMU Telecom Services, Inc.
(Corporation Name)

Document #

2.
(Corporation Name)

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Apostil

☒ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domesitication
☒ Other

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Smu Telecom Services, Inc.
(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: Carolyn A Sierk CPA
Name (Printed or typed)

11490 Okeechobee Blvd Ste 5
Address

Royal Palm Beach, FL 33411
City, State & Zip

561 791-0645
Daytime Telephone number

Sierkcpa@AOL.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)

ARTICLE I NAME

The name of the corporation shall be: SMU Telecom Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
17940 Gulf Blvd Unit 2A
Bedington Shores FL
33708

Mailing address, if different is:
11490 Okaloosa Blvd Ste 5
Naval Air Station FL
33411

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: 1000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Brent Brown</u>	Name and Title:	<u>President</u>
Address:	<u>17940 Gulf Blvd Unit 2A</u>	Address:	
	<u>Bedington Shores FL</u>		
	<u>33708</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: Candyn A. Serk CPA
Address: 11490 Okeechobee Blvd Ste 5
Boynton Beach FL 33411

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Candyn A. Serk CPA
Address: 11490 Okeechobee Blvd Ste 5
Boynton Beach FL 33411

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/22/20 (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

Candyn A. Serk CPA 1/22/20
Required Signature/Registered Agent 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.

Candyn A. Serk CPA 1/22/20
Required Signature/Incorporator Date