

**P 21 0000 48780**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000204974 3)))



H210002049743ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 MAY 21 PM 7:10

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SMART FLOW, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 MAY 21 PM 3:55

FILED

SB  
5/24/21

**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: SMART FLOW, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

10501 NW 50TH STREET

STE 103

SUNRISE, FL 33351

Mailing address, if different is:

10501 NW 50TH STREET

STE 103

SUNRISE, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: JOEL G. SUAREZ G.

Address

10501 NW 50TH STREET

STE 103

SUNRISE, FL 33351

Name and Title: VP: JULISSA M. PEREZ P

Address:

10501 NW 50TH STREET

STE 103

SUNRISE, FL 33351

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

21 MAY 21 PM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

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: JOEL G. SUAREZ G.

Address: 10501 NW 50TH STREET. STE 103

SUNRISE, FL 33351

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: JOEL G. SUAREZ G.

Address: 10501 NW 50TH STREET. STE 103

SUNRISE, FL 33351

**ARTICLE VIII EFFECTIVE DATE:**

05/19/2021

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*

X

\_\_\_\_\_  
Required Signature/Registered Agent

05/19/2021

\_\_\_\_\_  
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.*

X

\_\_\_\_\_  
Required Signature/Incorporator

05/19/2021

\_\_\_\_\_  
DateSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 MAY 21 PM 7:10

FILED