8/26/2021

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CANALES & ASSOCIATES ACCOUNTING INC

Account Number : 120210000091 Phone : (305)821-1076 Fax Number : (305)821-1079

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

13	Addrace			
L M 2 1 1	AAAPACC:			

FLORIDA PROFIT/NON PROFIT CORPORATION LG SMART SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01_
Estimated Charge	\$70.00

COVER LETTER

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

LG SMART SOLUTIONS, INC. SUBJECT: (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 □ \$78.75 \$78.75 **□ \$87.5**0 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	LUIS HERRERA				
	Name (Printed or typed)				
	6828 Shelby Lynn Way				
	Address				
	ZEPHYRHILLS,, FL. 33542				
	City, State & Zip				
	786-372-2167				
	Daytime Telephone number				
	Luisa08512@hotmail.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)

AKTICLET NAME	on shall have		1.6
ARTICLE II PRINCII	on shall be: PAL OFFICE PRICED STEEL STORES	Mailing address, if different is:	_
	elby L ynn v vay~ ills, Fl. 33542		
Lophytti	1000-12		
ARTICLE III PURPOS The purpose for which the	E corporation is organized is:	Any and all lawful business.	
*			
ARTICLE IV SHARES	•		
The number of shares of sto	ock is:100		
4			
	OFFICERS AND/OR DIRECTO Luis Herrera/ Presiden	•	
Name and Title:_	6828 Shelby Lynn Way	Name and Title:	
Address		Address:	
_	Zephyrhills, FL. 33542		
_			
Name and Title:		Name and Title:	
Address		Address:	
_			
_			
Name and Title;_		Name and Title:	
Address		Address:	
-			
_			

Name and Titl	e:	Name and Title:	
Address		Address:	
			
		-	
ARTICLE VI REGI The name and Florida	STERED AGENT street address (P.O. Box NOT acceptable	I of the registered agent is:	
Name:	Luis Herrera	or do registered again is.	
Address:	6828 Shelby Lynn Way	_	
	Zephyrhills, FL. 33542	_	
Angrés suga pues		_	
ARTICLE VII INCO			
The name and address Name:	of the Incorporator is: Luis Herrera		
Address:	6828 Shelby Lynn Way	_	
Addicas.	Zephyrhills, FL. 33542		
-		_	
	than the date of filing:	21 (OPTIONAL) not be more than five days prior or 90 days after	the
Note: If the date insert	ed in this block does not meet the applical e date on the Department of State's record	ole statutory filing requirements, this date will not be ls.	e listed a
Having been named as certificate, I gm familia	registered agent to accept service of process with and accept the appointment as regis	s for the above stated corporation at the place designa- tered agent and agree to act in this capacity	ated in ti
Luis	Herren		2021
	Required Signature/Registered Agent	Date	•
document to the Depart	t and affirm that the facts stated herein a ment of State constitutes a third degree fel	re true. I am aware that the false information subm ony as provided for in s.817.155, F.S.	nitted in
Required Signature/Inco	LIARILL	8-27-20	150
denor Alemental IIIO	viporator	Date	