## P210000 91288

(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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2021 OCT 21 AM II: 28

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 150303 AUTHORIZATION : COST LIMIT : \$ 70.00 ORDER DATE: October 20, 2021 ORDER TIME : 5:17 PM ORDER NO. : 150303-040 CUSTOMER NO: 7486028 \_\_\_\_\_\_ DOMESTIC FILING NAME: HOPE SMITH CORP. EFFECTIVE DATE: XX\_\_\_\_ ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

## **COVER LETTER**

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

(*1115) 117/**T	E SMITH CORP.		
30b/f.cr	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	I a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _	lope G. Smith Name	e (Printed or typed)	<del></del>
2	31 Royal Palm Way - Suite 302		
_		Address	
P	alm Beach, FL 33480		
_	City.	State & Zip	<del> </del>
6	46 552-9846		
_	Daytime T	elephone number	
jm	nardones@ghspartners.com		
	E-mail address: (to be used	d for future annual report r	otification)

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 corporat	ion shall be:			<u>.</u>	
ARTICLE II PRINC	Principal <u>street</u> address		Mailing address, it	f different is:	
Palm Beach, FL 3348	0				
• •	<u>DSE</u> the corporation is organized is:  est in, maintain, train, and compete hors	tes			
	est in, maintain, train, and compete hors				
<u>-</u>					
				<del></del> .	
······					
ARTICLE IV SHARI	<u>ES</u> , . 100 NPV			2021 OCT	
The number of shares of	stock is:			001	
	L OFFICERS AND/OR DIRECTORS			21	1
Name and Title	Hope G. Smith - President, Treasurer	Name and Title	e:	2	:
Address	231 Royal Palm Way	_ Address:		8: <u>F</u> 2	
	Suite 302			2	
	Palm Beach, FL 33480	•	-		
Name and Title:		Name and Title	e:		
Address		Address:			
Name and Title:		Name and Title	e:		
Address		Address:			

Name and	Title:	Name and Title:
Address		Address:
	<del></del>	<u> </u>
ARTICLE VI R	LEGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Corporation Service Company	_
Address:	1201 Hays Street	_
	Tallahassee, FL 32301	_
ARTICLE VIL	NCORPORATOR	
The name and ad-	dress of the Incorporator is:	
Name:	Hope G. Smith	_
Address:	231 Royal Palm Way, Suite 302	_
	Palm Beach, FL 33480	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o	ther than the date of filing:	. (OPTIONAL) of be more than five days prior or 90 days after the
Note: If the date it the document's eff	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been name certificate, I am fai	miliar with and accept the appointment as registen	or the above stated corporation at the place designated in th red agent and agree to act in this capacity
	Eylcina Baho()	10/20/2021
	Required Signature/Registered Agent	Date
I submit this docu. document to the De	ment and affirm that the facts stated berein are opartment of State constitutes a third tipfree felony	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
LAM	1 beren / Com	Date 10/20/2021
Redalton ziBulinga	NAMEON POTALON //	Date