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Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SMART PRIME CORP**

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SUNSHINE STATE COMMERCIAL
SERVICES

2022 APR 22 AM 9:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SMART PRIME CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1952 NW 93 AVEDORAL, FL 33172**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILSON DUARTE JUNIOR (P)

Name and Title: _____

Address 1952 NW 93 AVE

Address: _____

DORAL, FL 33172Name and Title: DEBORA CRISTINA DE OLIVEIRA (VP)

Name and Title: _____

Address 1952 NW 93 AVE

Address: _____

DORAL, FL 33172

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 APR 22 AM 9:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: WILSON DUARTE JUNIORAddress: 1952 NW 93 AVEDORAL, FL 33172**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: WILSON DUARTE JUNIORAddress: 1952 NW 93 AVEDORAL, FL 33172**ARTICLE VIII EFFECTIVE DATE:**

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.*/s/ Wilson Duarte Junior
Required Signature/Registered Agent04/22/2022
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.*/s/ Wilson Duarte Junior
Required Signature/Incorporator04/22/2022
Date2022 APR 22 AM 9:00
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA