

P22000032710

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

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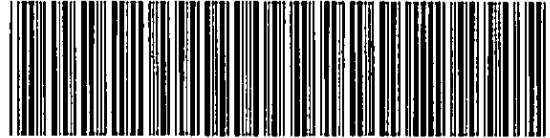
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/22--01011--002 **07.50

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2022 APR 12 PM 1:44
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: _____

Smart Seats, Incorporated
(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: _____

Alicia S. Frank

Name (Printed or typed)

304 Indian Trace

Address

Weston, Florida 33326

City, State & Zip

954-384-8879

Daytime Telephone number

alicia@ask4premiercreditrepair.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: Smart Seats, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

304 Indian Trace, #730
Weston, Florida 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide Smart Seats to
the guest service industry, such as airports
for example; in order for each passenger
to access everything that they need
to know about + order/purchase at the airport

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alicia S. Frank, President

Name and Title: _____

Address 304 Indian Trace

Address: _____

730
Weston, FL 33326

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 APR 12 PM 1:41
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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: Alicia S. Frank
Address: 304 Indian Trace / #730
Weston, FL 33326

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alicia S. Frank
Address: 304 Indian Trace / #730
Weston, FL 33326

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

Alicia S. Frank
Required Signature/Registered Agent

4/8/22
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.

Alicia S. Frank
Required Signature/Incorporator

4/8/22
Date

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