

P23000000385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

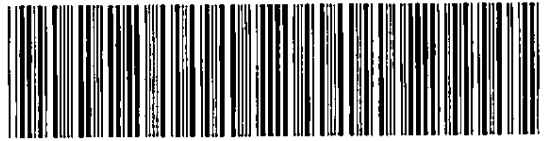
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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S CHATHAM
JAN - 4 2023

STATE OF MASSACHUSETTS
DIVISION OF REVENUE
23 JAN - 4 PM 5: 59



2023 JAN - 4 PM 2: 58

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SM2 INDUSTRIES INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by: SETH 01/04/23

Name Date Time

Walk-In Will Pick Up

COVER LETTER

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

SUBJECT: SM2 Industries Inc + SM
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALBERT COREY
Name (Printed or typed)

1800 W 68 ST SUITE 118
Address

HIALEAH FL 33014
City, State & Zip

305-823-9228
Daytime Telephone number

SHABELISMESTRE@GMAIL.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: SM2 Industries Inc

ARTICLE II PRINCIPAL OFFICE

3011 NW 7 ST Principal street address Mailing address, if different is:
POMPANO BEACH FL
33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHABELIS MESTRE PRESIDENT Name and Title: _____

Address: 3011 NW 7 ST Address: _____
POMPANO BEACH FL
33069

Name and Title: SANDY MONTES DE OCA VP Name and Title: _____

Address: 3011 NW 7 ST Address: _____
POMPANO BEACH FL
33069

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SERIES 607
DIVISION OF
23 JAN - 4 PM 5:50

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: SHABELIS MESTRE
 Address: 3011 NW 7 ST
POMPANO BEACH FL
33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHABELIS MESTRE
 Address: 3011 NW 7 ST
POMPANO BEACH FL
33069

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 STATE DEPARTMENT OF REVENUE
 DIVISION OF REVENUE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/04/2023, (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 SHM _____ 01/04/2023
 Required Signature/Registered Agent 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.

SHM _____ 01/04/2023
 Required Signature/Incorporator Date