

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION **SMART CORPAUTHORITY**

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

SMART CORP MANAGEMENT		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
14895 Pleasant Bay LN 5202		
Naples,FL 34119		
		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	<u>.RS:</u>	
President: Inalvís Daniel Riva		
ARTICLE V INITIAL REGISTERED AGENT AND STREET	<u>ADDRES</u>	Ş
The name and Florida street address (PO Box not acceptable) of the regi	stered age	nį
Inalvis Daniel Riva		
14895 Pleasant Bay LN 5202	-	
Naples,FL 34119		
	; -	
ARTICLE VI INCORPORATOR: The name and address of the	(ncorporat	Or
Inalvis Daniel Riva		_
14895 Pleasant Bay LN 5202		
Naples FL 34119		_

Required Signatures:

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

| 02/10/2023 | | 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.

Incorporator Date

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