## P98000081543

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

500002642075---7 -09/17/98--01052--019 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: _	SMS Pottery, Inc.	SMS Pottery, Inc.					
	(Proposed or	rporate name - must include	Surix)				
			*				
Enclosed is an o	original and one(1) copy of the article	s of incorporation and a c	check for:				
□ \$70. Filing F	00 🚨 \$78.75	S122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate				
	ADDITIONAL COPY REQUIRED						
•	ROM: Susan and Mike Shapiro						
FF	Name (	Printed or typed)					
538 Central Avenue							
Address							
St. Petersburg, FL 33701							
City, State & Zip							
	(727) 894–2111 <b>D</b> aytime	e Telephone number	Y OF STATE EE. FLORIDA				

NOTE: Please provide the original and one copy of the articles.

TA-a/21/98

## ARTICLES OF INCORPORATION

		·		
The undersigned in	ncorporator, for the purpose	e of forming a corp	oration under the Florida	7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Business Corpora	tion Act, hereby adopts the f	ollowing Aflicies of	i incorporation.	SE T
ARTICLE I	NAME			
	corporation shall be:		<u></u>	7 AM
	SMS Pottery, Inc.	-	<u></u>	MIII: 27 OF STATE
ARTICLE II	PRINCIPAL OFF	CE		
The principal pla	ace of business and mailin	g address of this	corporation shall be:	·
				•
	P.O. Box 714 St. Petersburg, FL	33731		
ARTICLE III	SHARES	_		
The number of s	shares of stock that this co	rporation is autho	rized to have outstandi	ng at any one time is:
	100 Shares			
ARTICLE IV The name and F	INITIAL REGIST		T AND STREET A agent are:	DDRESS
	Susan Shapiro 538 Central Avenue St. Petersburg, FL		<del>-</del>	
ARTICLE V	INCORPORATOR	<u> </u>	,	
The name and	address of the incorporate	or to these Article	s of Incorporation are:	
	Susan Shapiro 538 Central Avenue St. Petersburg, FL			
·	Susay Marganature/Incorporator	piv		9. 15. 98 Date
		icle must be added	l if an effective date is	requested.)
certificate, I herei provisions of all	by accept the appointment as t	registered agent and	agree to act in this capaci	poration at the place designated in this ity. I further agree to comply with the ad I am familiar with and accept the
Sus	uno Shanin	-		9.15.98
Sig	nature/Registere/ Agent			Date