P99888801011

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

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				***87.50
SUBJECT:	SMITH 4 ASSOCT (Proposed corpor	ATES , INC. rate name - must include su	ffix)	
Enclosed is an origina	al and one(1) copy of the article	es 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	
	· · · · · · · · · · · · · · · · · · ·	ADDITIONAL CO	DPY REQUIRED	
FROM:	THOMAS A. S. Name (Pr	MITH rinted or typed)		-
	533 104TH 1	AVE. NORTH		
	NAPLES, FL	34108 State & Zip		DIVISIO
	941 - 596 - 3 Daytime Te	3043 elephone number	· · · · · · · · · · · · · · · · · · ·	DIVISION OF CON

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article I: Name

The name of the corporation shall be: Smith & Associates, Inc.

Article II: Principal Office

The principal place of business and mailing address of this corporation shall be:

533 104th Ave. North Naples, FL 34108

Article III: Shares

The number of shares that this corporation is authorized to have outstanding at any one time is 1.000 shares.

Article IV: Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are:

Thomas A. Smith 533 104th Ave. North Naples, FL 34108

Article V: Incorporator

The name and address of the incorporator to these Articles of Incorporation are:

Thomas A. Smith 533 104th Ave. North Naples, FL 34108

Signature/Incorporator

12/29/98 Data

Article VI: Effective Date

The effective date of theses Articles of Incorporation is January 1, 1999.

Registered Agent Statement

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

SECRETARY OF STATE ON SECRETARY OF CORPORATION