D9900057045 TRANSMITTAL LETTER

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

	~		
		à (a	
	72,		
	a 1 🍣	B22	_5
ے بابالالے		94.049 015	Ξ
200002 -06/22	:/:::::u	31040n.	
宇来来 等	678.75 °	*****78	. (5

SUBJECT:_	SMALL	Syst	ems	USA,	Inc.	
	(Proposed	corporate	name-mu	st include	suffix)	

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$122.50 \$131.25

Filling Fee Filling Fee Filling Fee, & Certificate & Certified Copy & Certificate

FROM: Eugene LAVIN

NAME (printed or typed)

530 wechsler circle

ADDRESS

orlando Fr 32824

City, State, & Zip

(407) 522-\$598

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Smart Systems USA, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6325 NORTH ORANGE BLOSSOM TRAIL STE 130. ORlando, FL 32810

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time: one thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eugene Lavin 530 wechster circle orlando, per 32810

FILED
99 JUN 22 AM 7: 15
SECRETARY OF STATE

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Eugene Lavin 530 wechster circle orlando, Fe 32824

Sergio L. Torrente 887 vista Palma way orlando, FL 32825

maria E. Rodriguez 889 vista Palma way orlando PL 32825

The undersigned incorporator(s) has(have) executed these Articles o incorporation this _____ day of ______, 19_99.

Signature

Signature

Signature

ARTICLES OF INCORPORATION FILING FEE - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Smart Systems U	SA, Inc.
2. The name and address of the registered agent and off	ice is:
Eußene Lavin	— 7 ₈ 9
(Name) 530 Wechsler circle	99 JUN 22 SECRETARS TALLAHASS
(P.O. Box not accepted)	FILED 122 M TARY OF 1ASSEE.F
orlando FL 32824 (City/State/7in)	7: 15 STATE LORID

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) (Date)