TRANSMITTAL LETTER

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

SUBJECT: _	SMARTKONCEPT, INC				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				

Enclosed are an original and one	(1)	copy of the articles	of incorporation a	nd a	check for:
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\$70.00

X \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: _	FELIX JEGEDE					
	Name (Printed or typed)					
	3269 Falcon Point Drive					
	Address					
	KISSIMMEL FL 34741					
City, State & Zip						
	1 407 650 3213					
	Daytime Telephone number					

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) [ALLAHA55]	EE' LEOWINA
ARTICLE I NAME The name of the corporation shall be: SMARTKINCEPT, InC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3269 Fallon Point KISSIMME FL 347	Drive 41
ARTICLE III PURPOSE The purpose for which the corporation is organized is: General Commercia	al senices
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Felix Jesede 3269 Falten Paint Drive Kistimmed FL34741 (President & secretary)	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Felix Jesettle 3269 Falton for KISIMMEL FL.	nt Drive 34741
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Felix Jesedl 3269 Fortion Point Drive KISIMMLE FL 34741	
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Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	place designated in this by
Forestelle 4/11/2) <i>90</i> '
Signature/Registered Agent Da	te