

TRANSMITTAL LETTER

P0000026999

700003165997--5
-03/10/00--01126--008
*****78.75 *****78.75

SUBJECT: Swish Industries, Inc.

(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Access Incorporation Services, Inc.

Name (Printed or typed)

21550 Oxnard Street, Suite 300

Address

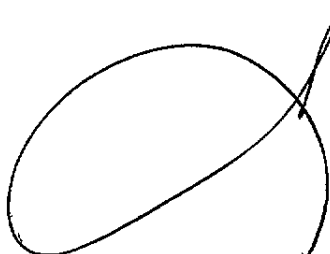
Woodland Hills, CA 91367

City, State & Zip

(818) 592-4034

Daytime Telephone number

FILED
00 MAR 10 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

 3/14

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

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:

Swish Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6461 Pumpkin Seed Circle, #127

Boca Raton, FL 33433

ARTICLE III SHARES

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

2000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Dube

6461 Pumpkin Seed Circle, #127

ARTICLE V INCORPORATOR

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

Gannon Stride

21550 Oxnard Street, Suite 300

Woodland Hills, CA 91367



Signature/Incorporator

March 2, 2000

Date

(An additional article must be added if an effective date is requested.)

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

03/06/2000

Date

FILED
00 MAR 10 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA