

ANS TALL TEL
P010000018767

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

SUBJECT: KENDALL SWAIN, INC.

800004193578--6
-05/10/01--01090--018
*****87.50 *****87.50

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

KENDALL SWAIN

Name (Printed or typed)

615 GLEN DEVON LN

Address

NEW SMYRNA BEACH, FL 32168

City, State, Zip

904-423-5110

Daytime Telephone Number

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

FILED
01 MAY 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH MAY 16 2001

ARTICLE OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KENDALL SWAIN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

615 GLEN DEVON LN, NEW SMYRNA BEACH, FL 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of engaging in the trans-
action of any and all business activities permitted under the laws of the State of Florida and the
United States Of America.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common capital stock at \$1 par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KENDALL SWAIN, President

615 GLEN DEVON LN, NEW SMYRNA BEACH, FL 32168

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KENDALL SWAIN

615 GLEN DEVON LN, NEW SMYRNA BEACH, FL 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KENDALL SWAIN

615 GLEN DEVON LN, NEW SMYRNA BEACH, FL 32168

Having been named as registered agent to accept service of process for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/7/01

Date



Signature/Incorporator

5/07/01

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 10 AM 10:43

FILED