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(Requ	uestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fill	ing Officer:			

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ne 11/21;

TRANSMITTAL LETTER

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

SUBJECT:	JASON MEGER	Swee, In	k
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
T. J	inal and any (1) name of the ortic	les of incompration soul	a check for
Enclosed are an only	rinal and one (I) copy of the artic	tes or monthoranim ann	E WILLE IN.
□ \$ 70.00	. 2 \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
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FROM: Some (Printed or typed) The Bes Mass Tox Don't Property			
THE BUSINESS TOX LAGARINE			
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Address			
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Balans 2 32720-2133			
way, since we are			
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Davinue Telephone number			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 18, 2003

SAMULE B. ECKHARDT 1133 GLENWOOD ROAD DELAND, FL 32720-2133

SUBJECT: JASON MEYER SWEE, INC.

Ref. Number: W03000034474

We have received your document for JASON MEYER SWEE, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 303A00062629

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I

The name of the corporation shall be JASON MEYER SWEE. INC.
ARTICLE II

The duration of the corporation shall be perpetual. The beginning date of the corporation shall be the filing date of the Articles of Incorporation with the Florida Department of State.

ARTICLE III

The general purpose of the corporation shall be to transact any and all lawful business for which corporations may be incorporated in the State of Florida

ARTICLE IV

The corporation shall have the authority to issue 100 shares of common stock at zero (0) par value. There shall be only one class of stock and there shall be no preferential treatment of any of the shares.

ARTICLE V

There shall be no preemptive rights granted to the shareholders

ARTICLE VI

The initial registered agent for the corporation shall be

JASON MEYER SWEE 35 BRITHAL LOOP GRUIE

DELTONA, FL 32728

ARTICLE VII

The initial incorporator is

JASON MEYER SWEE P.O. BOX 5725 DELTONA, FL 32728

ARTICLE VIII

The corporation shall apply for sub chapter S status with the Internal Revenue Service within seventy five (75) days from the beginning date of the corporation.

INCORPORATOR

DATE

CONSENT OF REGISTERED AGENT

THE FOLLOWING IS SUBMITTED.				
FIRST THAT				
JASON MEYER SWEE, INC.	,			
WITH ITS PLACE OF BUSINESS AT	Company of the Compan			
1133 GLENWOOD ROAD DELAND, FLORIDA 32724 HAS NAMED				
JASON MEYER SWEE LOCATED AT				
1133 GLENWOOD ROAD DELAND, FL 32720	· ↓			
IN THE CITY OF DELAND IN THE STATE OF FLOR OR PROCESS WITHIN FLORIDA	IDA AS ITS AGENT TO ACCEPT SERVICE			
SIGNATURE SON SWEP CORPORATE OFFICER				
TITLEPRESIDENT	. In the second of the second			
DATE 11/1/03				
HAVING BEEN NAMED TO ACCEPT SERVICE OF F CORPORATION, AT THE PLACE DESIGNATED IN ACT IN THIS CAPACITY, AND I FURTHER AGREE	THIS CERTIFICATE, I HEREBY AGREE TO			

ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 OF THE FLORIDA STATUTES.

REGISTERED AGENT

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