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5. 3	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<u> </u>	





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09/08/04--01027--007 **8.75

09/08/04--01027--006 **128.75

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SECRETARY OF STATE
ALL AHASSEE, FI COME

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: Swans Island Inc. Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: FEES: **Certificate of Domestication** \$50.00 Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75 **OPTIONAL: Certificate of Status** \$8.75 FROM: Kristin Joyce-Guy Name (printed or typed) 1806 Oleander Street Address Sarasota Ca 37529 34239 City, State & Zip 941-362-4962

Daytime Telephone number

CERTIFICATE OF DOMESTICATION

The undersigned,	KRISTIN	JOYCE-	GUY	PRESIDENT		
• • • • • • • • • • • • • • • • • • • •		lame)			(Title)	
of	SWANS	ISLAND	INC	!	a foreign corporation,	
in accordance with s. 60	· •	oration Na		rbhy certific		
*	-	•				
1. The date on which c	orporation was fu	rst formed	was .	JULY 30	,1991	
2. The jurisdiction whe	re the above nam	ed corpora	ation v	vas first formed, incorporate	ed, or otherwise came into	
being was CALIFO	RNIA		}		· · · · · · · · · · · · · · · · · · ·	
3. The name of the cor	poration immedia	tely prior	to the	filing of this Certificate of	Domestication was	
SWANS ISLAND	INC			· · · · · · · · · · · · · · · · · · ·	<u>{</u>	
4 The name of the cor	poration, as set fo			s of incorporation, to be filed		
and 607.0401 with t	-			-		
1806 SARASTOA	FL 24329 3'	1239				
_	or any other equiv		1 1.		ess or central administration rediately before the filing of	
	articles of incorp	oration to	comp	elete the domestication requi	rements pursuant to	
s. 607.1801.						
IamKRISTIN JOYCE	-GUY, of			SWANS ISLAND INC		
and am authorized to sig	n this Certificate	of Domes	ticatio	n on behalf of the corporati	on and have done so this	
the day of _		AUGUST		, 2004		
	1	10-1			04 SE	
A	- / gseji	2	ace	d-	TEST SE	
•		Auinc	rized	Signature	P-8 FILL FIAR HAS	
		(SECTION OF THE CONTRACT OF THE	
Filing Fee:						
Cert	ificate of Domes		- S		\$50.00	
	cles of Incorpora		Certi	fied Copy	\$78.75	
Tota	l to domesticate	and file	1		\$128.75	

Articles of Incorporation

In compliance with Chapter 607, F.S.

APPROVEL

ARTICLE I NAME

THE NAME OF THIS CORPORATION SHALL BE: SWANS ISLAND INC.

04 SEP -8 PM 1:19 SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Swans Island Inc. 1806 Oleander Street Sarasota Florida 3433

ARTICLE III **PURPOSE**

The purpose for which this corporation is organized is to transact any and all lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers that are afforded corporations under the laws of the State of Florida...

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 50,000

ARTICLE V INITIAL DIRECTORS

THE NAMES AND ADDRESSES AND TITLES ARE:

Kristin Joyce-Guy, President 1806 Oleander Street Sarasota FL 34329 34239

Don Guy, Director 1806 Oleander Street Sarasota FL 34829 34239

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

Kristin Joyce-Guy Swans Island Inc 1806 Oleander Street Sarasota Florida 34325

ARTICLE VII INCORPORATOR

THE NAME AND THE ADDRESS OF THE INCORPORATOR IS

Kristin Joyce-Guy, President 1806 Oleander Street Sarasota Fl 34339

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 AM FAMILIAR WITH AND ACCEPT THE APROINTMENT AS RESISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Sgent Signature/Register

Signature? rator