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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

*Schwinn, Inc.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: \_\_\_\_\_

*Randy Schwinn*  
Name (Printed or typed)

*8710 W. Hillsborough Ave*  
Address

*Tampa, FL 33615*  
City, State & Zip

*813-433-4624*  
Daytime Telephone number

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Schwink, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8710 W. Hillsborough Ave  
PMB # 304  
Tampa, FL 33615

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mobile Auto oil & Lube service

### ARTICLE IV SHARES

The number of shares of stock is:

1 share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Randy Schwink  
President  
8710 W. Hillsborough Ave  
PMB # 304  
Tampa, FL 33615

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Randy Schwink  
8710 W. Hillsborough Ave  
PMB # 304  
Tampa, FL 33615

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Randy Schwink  
8710 W. Hillsborough Ave  
PMB # 304  
Tampa, FL 33615

\*\*\*\*\*

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

3/8/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/8/05  
\_\_\_\_\_  
Date

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