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COVER LETTER

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

SUBJECT: Swimmer Associates Inc				
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the articles	te name – <u>Must Incl</u>	a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	578.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Aaron Swimmer				
Name	(Printed or typed)			
300 South Pointe Dr.,				
	Address			
Miami Beach, Florida 33139				
City, State & Zip				
305-401-9212				
Daytime Telephone number				

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

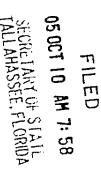
The name of the corporation shall be:

Swimmer Associates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

300 South Pointe Dr., #2604, Miami Beach Florida 33139



ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Real estate transactions and other business ventures not limited to real estate.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Aaron Swimmer, President, Secretary, Treasurer

REGISTERED AGENT

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

Aaron Swimmer

300 South Pointe Dr., #2604, Miami Beach Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

Aaron Swimmer

300 South Pointe Dr., #2604, Miami Beach Florida 33139

vertificate, I am familiar with and accept the appointment as registered	agent and agree to act in this capacity [0 - 6 - 200 5	
Signature Registered Agent	Date	
Left.	10-6-2005	
Signature/Incorporator	Date	