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05 OCT 10 AM 7:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 12 2005

COVER LETTER

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

SUBJECT: Swimmer Associates 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: Aaron Swimmer

Name (Printed or typed)

300 South Pointe Dr., #2604

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/mailling 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

ARTICLE VI 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:

Aaron Swimmer

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

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

10-6-2005

Date



Signature/Incorporator

10-6-2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA