+05000 148250

(Requestor's Name)			
(Address)			
(Address)			
(1.00)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Lastrias Line) (Value)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
operational transfer to thing officer.			

Office Use Only



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COVER LETTER

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

SUBJECT:	SWILLIAMS,INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	STACY K WI	ILLIAMS (Printed or typed)	,	
	11103 NW 38T	H STREET		
	SUNRISE, FL	_ 33351 State & Zip		
	(954) 822-29 Daytime Te	969		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 19, 2005

STACY K WILLIAMS 11103 NW 38TH STREET SUNRISE, FL 33351

SUBJECT: SWILLIAMS, INC. Ref. Number: W05000047902

We have received your document for SWILLIAMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6955.

Letter Number: 505A00063733

Suzanne Hawkes Document Specialist New Filings Section

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