

PO2000091804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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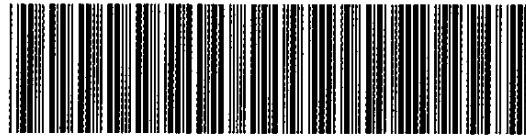
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers JUL 13 2006

W06-2889A

**COVER LETTER**

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

**SUBJECT:** Swiss Wood Designs, Co., LLC

**(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:** Gustavo Ruiz de Castilla, D.M.D.

Name (Printed or typed)

4023 South West Shore Boulevard, Suite 1

Address

Tampa, Florida 33611-1005

City, State & Zip

(813) 289-3640

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:  
Swiss Wood Designs, Co.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:  
4023 South West Shore Boulevard  
Tampa, Florida 33611-1005

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
The manufacturing of custom cabinetry, furniture and woodwork

### ARTICLE IV SHARES

The number of shares of stock is:  
One thousand

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
Gustavo Ruiz de Castilla, D.M.D., President and CEO

### ARTICLE VI REGISTERED AGENT

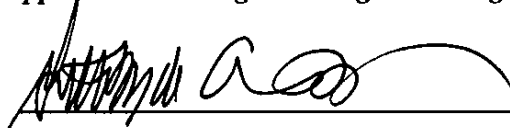
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Gustavo Ruiz de Castilla, D.M.D., 4129 West Kennedy Boulevard, Suite 1  
Tampa, Florida 33609

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
Gustavo Ruiz de Castilla, D.M.D., 4129 West Kennedy Boulevard, Suite 1  
Tampa, Florida 33609

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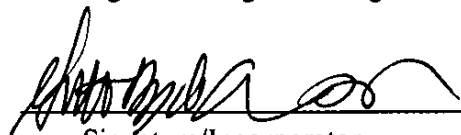
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

6/30/06

Date



Signature/Incorporator

6/30/06

Date