P06000091804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400076342784

06/21/06--01052--013 **87.50

J. Shivers JUL 13 2006

W06-18889

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

****

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 — Date: 6/30/06

Signature/Incorporator — Date: 6/30/06