

POL 000142035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

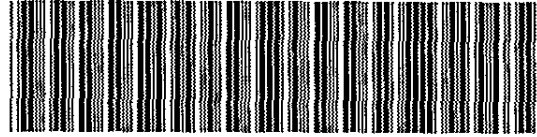
(Business Entity Name)

(Document Number)

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

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W06-47647

COVER LETTER

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

SUBJECT: S & W Interiors 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: JOHN F. SIMPSON  
Name (Printed or typed)

8596 No Road  
Address

JACKSONVILLE Florida 32210  
City, State & Zip

(904) 908-5580  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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: S & W INTERIORS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 8596 No Road  
Jacksonville, Florida  
32210

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

☒ CONSTRUCTION

## ARTICLE IV SHARES

The number of shares of stock is: 50,000  
FIFTY THOUSAND SHIPMAN  
20 - JOHN F. SIMPSON

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN F SIMPSON - PRESIDENT - 8596 NO ROAD JAX, FL. 32210  
GARY E WHITE - VICE PRESIDENT 8170 AMBERWOOD CT. JAX, FL. 32244  
KYLE SHIPMAN - TREASURER 8596 NO ROAD JAX, FL. 32210

## ARTICLE VI REGISTERED AGENT

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

JOHN F. SIMPSON  
8596 NO ROAD  
JACKSONVILLE, FLORIDA 32210

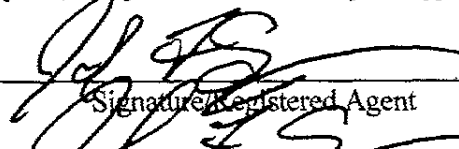
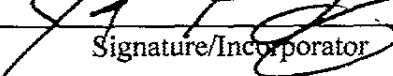
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN F. SIMPSON  
8596 NO ROAD  
JACKSONVILLE, FLORIDA 32210

\*\*\*\*\*

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

X   
\_\_\_\_\_  
Signature/Registered Agent  
X   
\_\_\_\_\_  
Signature/Incorporator

10/23/06  
\_\_\_\_\_  
Date

10/23/06  
\_\_\_\_\_  
Date

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CLERK OF THE  
COURT  
JACKSONVILLE  
FLORIDA