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| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | idress) | | | |
| (Ac | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | ısiness Entity Nar | me) | | |
| | | | | |
| , (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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FILED FORETARY OF STATE

COVER LETTER

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

| SUBJECT: SW | M SAFE OF APOLL | <u> LO BEACH, INC</u> | J. |
|----------------------|--|--|---|
| | | ATE NAMÉ – <u>MUST INC</u> | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation an | id 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 OPY REQUIRED |
| FROM: | Suzanne McNeal Name (Printed or typed) | | |
| - | | gle Lane | |
| - | | Florida 33572 State & Zip | |
| | · · · · · · · · · · · · · · · · · · · | 267-2040 elephone 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: | |
| Swim Safe of Apollo Beach, Inc. | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 823 Eagle Lane ~ Apollo Beach, Fl 33572 | 07 JU SECRI |
| ARTICLE III PURPOSE | FIL JUL -2 CRETARY LAHASSI |
| The purpose for which the corporation is organized is: | (11) |
| Provide swim lessons | |
| T TOTAL OTTER TOTAL | |
| ARTICLE IV SHARES | 9: 42 STATE -LORID/ |
| The number of shares of stock is: | D |
| 100 shares at one dollar per share | |
| · | £ |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | * |
| Suzanne McNeal, President | • |
| 823 Eagle Lane | ~ |
| Apollo Beach, Fl 33572 | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres and Florida street address (P.O. Box NOT acceptable) of the registres address (P.O. Box NOT acceptable) and Florida street address (P.O. Box NOT ac | istered agent is: |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Suzanne McNeal | |
| 823 Eagle Lane Apollo Beach, Fl 33572 | |
| The second secon | |
| Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to a | |
| Augu-MCNRA / SVZAMAE MCNEAL | 6/28/07 |
| Signature/Registered Agent | Date |
| May word leaded | 6/28/07 |
| Signature/Incorporator | Date |
| Signature/Incorporator UZANNE MCNEA! | |
| | |