PD9000045390

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
•	
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



400156010614

05/26/09--01001--004 **87.50

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O9 MAY 22 PH 2: 44
SECRETARY OF STAIL

MI 5/22 W19-2433

COVER LETTER

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

SUBJECT: (PROPOSED CORPO	RATE NAME - MUST INCLUDE SUFFIX)
(TROTOSED CORTO	RATE NAME - MOST INCLODE SOFFIA)
•	
Enclosed are an original and one (1) copy of the a	rticles of incorporation and a check for
Enclosed are an original and one (1) copy of the a	rucies of incorporation and a check for.
□ \$70.00 □ \$78.75	□ \$78.75 □ \$ 87.50
Filing Fee Filing Fee & Certificate of Status	Filing Fee Filing Fee, — & Certified Copy — Certified Copy —
& Certificate of Status	& Certified Copy - Certified Copy - & Certificate of
•	Status
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850 <i>-61</i>	7-3003 press

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



May 22, 2009

CAROLYN V. MCCLOUD 3557 SUNDOWN RD., C-12 TALLAHASSEE, FL 32305

SUBJECT: SWAG, INC.

Ref. Number: W09000024330

We have received your document for SWAG, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Complete the principle address of the corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Letter Number: 609A00017515

Maryanne Dickey Document Specialist Supervisor

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2 2
ARTICLE I NAME	SSET 2 PM
The name of the corporation shall be:	a boute No File
The name of the corporation shall be: SWAG	L PORTE, LINC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	₽
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	B
REHAIL BUSINESS	
ARTICLE IV SHARES The number of shares of stock is:	
7	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	/
CAROLYN McCloud, Pres	ident
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the re	gistered agent is:
CAROLYNI NC Cloud 3557 SUNDOWN Rd. C-12	
TAMAUSEE, P. 32305	
' ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
CAROLYN McCloud 3557. SUNDOWN Rd. C-12-	
TATTAHASSEE, FL. 32305	
Having been named as registered agent to accept service of process for the above stated	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
Caroly V Miller	5-22-09
Signature/Registered Agent	Date
Lang Villan	S- 22-09

ARTICLES OF INCORPORATION