| (Re                     | equestor's Name)  |              |
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| (Ad                     | ldress)           |              |
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| (Cit                    | ty/State/Zip/Phon | <u>a #</u> ) |
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| PICK-UP                 | MAIT              | MAIL         |
|                         |                   | •            |
| . <b>(</b> Bu           | siness Entity Nar | ne)          |
|                         |                   |              |
| (Do                     | cument Number)    |              |
| Certified Copies        | _ Certificates    | s of Status  |
|                         |                   |              |
| Special Instructions to | Filing Officer:   |              |
|                         | RECEIVED          | IUN - 1 2009 |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT:              | OFTa Swalp                                   | 5,Inc                                 |   |
|-----------------------|--|---------------------------------------|---|
|                       | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>            | <u>UDE SUFFIX</u> )                                 |
| Enclosed are an orig  | inal and one (1) copy of the art             | icles of incorporation and            | l a check for:                                      |
| \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
|                       |  | ADDITIONAL CO                         |   |
| FROM:                 | MONDON WELLY                                 | e (Printed or typed)                  |   |
| _4                    |  | Address                               |   |
| <u>-</u>              | Tampa, Flat                                  | ido, 33624<br>State & Zip             | <u> </u>  |
| _(                    | 813)-919-789<br>Daytime T                    | 741<br>Telephone number               |   |
|                       | Sologo Flori<br>E-mail address: (to be use   | d for future annual report            | notification)                                       |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2009

BRANDON WEINDORF 4402 GRAINARY AVE TAMPA, FL 33624

SUBJECT: SOFLA SWABS, INC Ref. Number: W09000025734

We have received your document for SOFLA SWABS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 509A00018544

Paisley A Alford Clerk New Filing Section

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   |
|--|
| ARTICLE I NAME  The name of the corporation shall be:  Sofia Successful 11 c.  |
| ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  LHOD GROWD AVC  Tampa FL, 33624   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |
| Any Legal Purpose  |
| ARTICLE IV SHARES The number of shares of stock is:  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  |
| List name(s), address(es) and specific title(s):  4402 Grainary ave  Tampa FL 133Le 24   |
| ARTICLE VI REGISTERED AGENT  |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |
| 4402 Grainory Tampa FL, 33624  |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  |
| Brandon Weincort   |
| 4402 Grainory ave  |
| Tampa FL 33624   |
| 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 |
| R  |
| Signature/Registered Agent Date  |
| Signature/Registered/Agent Date  |

Date

Signature/Incorporator