

P10000081414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

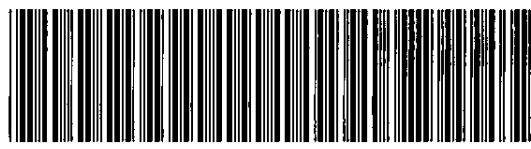
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: GAVE
EE Wapal
AUTHORIZATION BY PHONE TO
CORRECT but I - name
DATE
DOC. EXAM

Office Use Only



600185656916

10/04/10--01018--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -4 PM 1:34

FILED

PS 10/6/10

COVER LETTER

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

SUBJECT: SCHWARTZ WAGNER & KOENIG INTERNATIONAL, 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: L. E. Wagner
Name (Printed or typed)

P. O. Box 370086
Address

Miami, FL 33137
City, State & Zip

(305) 572-1025
Daytime Telephone number

larryecard@comcast.net
E-mail address: (to be used for future annual report notification)

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 SCHWARTZ WAGNER & KOENIG INTERNATIONAL, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
17101 NE 6th Avenue
N. Miami Beach, FL 33162

Mailing address, if different is:
P. O. Box 370086
Miami, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to engage in the transaction of any or all lawful business for which a corporation may be incorporated.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: L. E. Wagner, PRES/SEC/DIR
Address: P. O. Box 370086
Miami, FL 33137

Name and Title: _____
Address: _____

Name and Title: Jan Heger, DIR
Address: P. O. Box 370086
Miami, FL 33137

Name and Title: _____
Address: _____

Name and Title: Stuart Hackel, VP/DIR
Address: P. O. Box 370086
Miami, FL 33137

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: S. W. Carline
Address: 17101 NE 6th Avenue
N. Miami Beach, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: S. W. Carline
Address: 17101 NE 6th Avenue
N. Miami Beach, FL 33162

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

S. W. Carline
Required Signature/Registered Agent

9/30/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

S. W. Carline
Required Signature/Incorporator

9/30/2010
Date

305-572-1025

10 OCT - 4 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED