

P1000097011

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(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 DEC - 1 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 12/1/10

## COVER LETTER

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

SUBJECT: Suise Holdings and Investments 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: Natalia Tavares  
Name (Printed or typed)

2597 Capital Park Dr. Suite 9  
Address

Tallahassee, FL 32301  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

natalia.tavares@zoho.com  
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**

The name of the corporation shall be: Swiss Holdings and Investments, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2597 Capital Park Dr.  
Suite 9  
Tallahassee, FL 32301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All legal and lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: A. N. Taylor  
Address: 2597 Capital Park Dr.  
Suite 9  
Tallahassee, FL 32301

Name and Title: Natalia Tavares  
Address: 2597 Capital Park Dr.  
Suite 9  
Tallahassee, FL 32301

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Natalia Tavares  
Address: 2597 Capital Park Dr.  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Natalia Tavares  
Address: 2597 Capital Park Dr.  
Tallahassee, FL 32301

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

Natalia Tavares  
Required Signature/Registered Agent

12/1/10  
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.

Natalia Tavares  
Required Signature/Incorporator

12/1/10  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA