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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Swan Enterprises, Inc.			
Enclosed are an original and one (1) copy of the articles	- , 		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
13540 NW 5th Court Pembroke Pines, FL City, 954-907-6271	Address		
sbnwall@aol.com	for future annual report	notification)	

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

ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Ch	hapter 621, F.S. (Profit)
ARTICLE I NAME Swan Enterprises, Inc. The name of the corporation shall be:	hapter 621, F.S. (Profit) 12 HAR -5 PM 2: 28
ARTICLE II PRINCIPAL OFFICE Principal street address 13540 NW 5th Court Apt 205 Pembroke Pines, FL 33028	SECRETARY OF STATE Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	

Any and all lawful business permitted in the state of Florida. ARTICLE IV SHARES The number of shares of stock is: Five hundred (500) shares at USD 1.00 per share. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sabine Wallock ____ Name and Title: Wanakee Means President Address: Address: Vice President 13540 NW 5th Court Apt 205 13540 NW Court Apt 205 Pembroke Pines, FL 33028 Pembroke Pines, FL 33028 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: _____ Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Wanakee Means Name: 13540 NW 5th Court Apt 205 Pembroke Pines, FL 33028 Address: ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Sabine Wallock

Address:

13540 NW 5th Court Apt 205 Pembroke Pines, FL 33028

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator