## P1200063553

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Ontified Online				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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MRD 1/20/12

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## **COVER LETTER**

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

SUBJECT: Benderboard Southeast, Incorporated					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: Cynthia Swisher	(Printed or typed)				
1009 Anchorage Ct.	address				
Winter Park, Florida 32789 City, State & Zip					
407-421-7624  Daytime Telephone number					

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

rcswisher@embargmail.com
E-mail address: (to be used for future annual report notification)

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	In compliance with Chapter 607 and		(Profit) 12 JUL 19 PH 1: 21
	NAME Benderboard Southeast corporation shall be:	, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	PRINCIPAL OFFICE Principal street address 2693 W. Fairbanks Ave. Winter Park, Fi. 32789	1009 Anch	ling address, if different is: orage Ct. k, Fl. 32789
This corpora	<b>PURPOSE</b> which the corporation is organized is: ation may engage in or transact any or the United State, the State of Florida, o		
	ares of stock is: 1000 Shares at \$1.00 per		
	INITIAL OFFICERS AND/OR DIRECTOR Title: Cynthia J. Swisher 1009 Anchorage Ct. Winter Park, Florida 32789 President	Name and Title: As Address: 90	shley R. Steele 8 Briarview Dr. arl Junction, MO 64834 rector
Name and 'Address:	Title:Richard C. Swisher 1009 Anchorage Ct. Winter Park, Florida 32789 Vice-President	Name and Title: Address:	
Name and 'Address:	Title: Richard R. Swisher  2816 Delcrest Dr  Orlando, Florida 32817  Director	_ Address:	
	REGISTERED AGENT		
The <u>name and F</u> Name: Address:	lorida street address (P.O. Box NOT acceptable) o Richard C. Swisher 1009 Anchorage Ct. Winter Park, Fl. 32789	f the registered agent is — — —	<b>:</b> :
ARTICLE VII The name and ac Name: Address:	INCORPORATOR Idress of the Incorporator is: Cynthia J. Swisher 1009 Anchorage Ct. Winter Park, Fl. 32789	- - -	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as reg		ee to act in this capacity
	Required Signature/Registered Agent	UC. SIMSH	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.

Required Signature/Incorporator