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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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13 MAR II, PM 2:32 SECHESSEL OF SIME PALLAPASSEE FLORIE

COVER LETTER

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

SUBJECT: SO	UTHWEST DISP		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
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FROM: N	lichael F. Kayusa	a	
1 KOM	Name	e (Printed or typed)	
P	O. Box 2237		
		Address	
F	ort Myers, FL 339		
	City,	State & Zip	
23	39-334-8200		
	Daytime T	elephone number	

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpor	Tation shall be: SOUTHWEST DIS				
Principal office Principal street address 2442 Rockfill Rd		Mailing address, if different is: P.O. Box 62086			
ort Myers, F	FL 33916	Fort	Myers, FL	33906	
TICLE III PU	RPOSE the corporation is organized is:	g and wa	ste transfe	er station.	
				• • • •	
	f stock is: TOO ITIAL OFFICERS AND/OR DIRECTOR			SECHETARY OF TALLAHASSEE.	13 MAR IL PF
number of shares of the shares of the share and Tite of the share and Tite of the share and Tite of the share	f stock is:	Name and Titl	e:	SECHETARY OF STATE	13 MAR 14 PH 2: 3
number of shares of	f stock is: TOO ITIAL OFFICERS AND/OR DIRECTOR le: William N. Veloz-President/Director		e:	SECHETARY OF STATE TALLAHASSEE FLORIDA	4 PH 2:
number of shares of the shares of the shares of the share and Tite Address	f stock is: 100 TIAL OFFICERS AND/OR DIRECTOR le: William N. Veloz-President/Director P.O. Box 62086	Name and Titl Address:		SECHETASY OF STATE TALLAHASSEE, FLORIDA	ц РН 2: 32
number of shares of the shares of the shares of the share and Tite Address	TIAL OFFICERS AND/OR DIRECTOR le: William N. Veloz-President/Director P.O. Box 62086 Fort Myers, FL 33906	Name and Titl Address: Name and Titl			ц РН 2: 3?
number of shares of TICLE V IN Name and Tite Address Name and Tite Address	TIAL OFFICERS AND/OR DIRECTOR e: William N. Veloz-President/Director P.O. Box 62086 Fort Myers, FL 33906	Name and Titl Address: Name and Titl Address:	e:		ц РН 2: 32

•	Name and	Title:	Name and Title	·			_
3	Address		Address:				_
							_
							_
		<i>REGISTERED AGENT</i> rida street address (P.O. Box NOT acceptable) of	the registered age	ant ic:			
Name:		Michael F. Kayusa, Esq.	uie regisiereu age	ant 15.			
Addres	ss:	2075 West First Street, Suite 203					
	-	Fort Myers, FL 33901					
ARTIC	CLE VII	INCORPORATOR			SEC'HE	13 HAR	
The nam	ne and add	ress of the Incorporator is:			54		7
Nam	ie:	Michael F. Kayusa			HA S	FM	
Ad	dress:	2075 West First Street, Suite 203			ELOR E STA	2:3	
		Fort Myers, FL 33901			京司	\sim	
Having this cert	been name tificate, I an	d as registered agent to accept service of process , n familian with and accept the appointment as regi	for the above sta stered agent and	ted corporatio agree to act in	on at the place de n this capacity	zsignated	! in
	////。	eny of			3-8-1	3	_
l	14	Reduired Signature/Registered Agent			Date		
I submi	it this docum	nent and affirm that the facts stated herein are to pariment of State constitutes a third degree felony	rue. I am aware	that the false	information sub	mitted ir	n a
иосите		purpment of stage constitutes a intra degree felony	us provided for i	n 201/,122, E	3-8-	13	
	1/0	Required Signature/Incorporator			Date		_