

P13000033990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

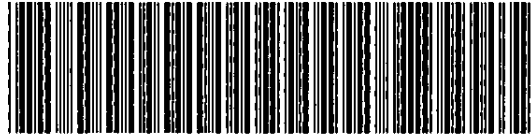
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 APR 12 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TL 04/15/13

**COVER LETTER**

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

SUBJECT: TOWN LAKES SELF STORAGE, 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: GEORGE A. SWITLYK  
Name (Printed or typed)

2960 GREENBRIAR BLVD.  
Address

WELLINGTON, FL. 33414  
City, State & Zip

561. 379. 8238  
Daytime Telephone number

GSWITLYK @ YAHOO. 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: TOWN LAKES SELF STORAGE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1124 VILLAGE LAKES BOULEVARD  
LEHIGH ACRES, FL. 33972

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LEASING SELF STORAGE / AND OR  
ANY OTHER LEGAL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title:	<u>GEORGE A. SWITZYK</u>	Name and Title:	_____
Address	<u>2960 GREENBRIAR BLVD.</u> <u>WELLINGTON, FL. 33414</u> <u>PRESIDENT / DIRECTOR</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

**FILED**  
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REGISTRAR OF STATE  
TALLAHASSEE, FLORIDA

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:

Name: GEORGE A. SWITLYK  
 Address: 2960 GREENBRIAR BLVD.  
WELLINGTON, FL. 33414

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GEORGE A. SWITLYK  
 Address: 2960 GREENBRIAR BLVD.  
WELLINGTON, FL. 33414

*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 4/11/13  
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 4/11/13  
Date