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

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	SLW GRO	JUP J	INC.
		TE NAME – <u>MÜST INCL</u>	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	• • • •	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: _		Printed or typed)  Address	KER
_	(850) 345	State & Zip  - 644  Gelephone number	
_	E-mail address: (to be use	d 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)

The name of the	NAME corporation shall be:	SLW	PKON	IN IN	<u>C</u>	
ARTICLE II  113. Sc  TALLA	PRINCIPAL OFFICE Principal street a Duth Monfi	address	· ··	Mailing address, if di	fferent is:	<b>^</b>
ARTICLE III The purpose for	PURPOSE which the corporation is	organized is: Produ		MARKET, Id Serv	Pron ices.	<u>-</u>
					329 5	الرائع مارائع مارائع
ARTICLE IV The number of sl  ARTICLE V  Name a  Addres	INITIAL OFFICER	SAND/OR DURECT L. WALKER MONPOES Massee, 7	ORS CEO Name and Tit 21. Address:	le:		M 9:51
Name ai Addres	112 5	L. WAlker P Monroe St 255 Et. Fl 30	Name and Tit  Address:  Address:	le:		
Name a	115	Monroe S asseb, F	Name and Tit Address:	de:		

Name and Title:	Name and Title:
Address	Address:
•	
ARTICLE VI REGISTERED AGENT	fisha manistarad agant is:
The name and Florida street address (P.O. Box NOT acceptable) or Name:	
Address: 113 South Monroe Stra TallahassBB, FL	3230-1
ARTICLE VII INCORPORATOR	
Name: Stevent, Walker  Address: 113-South morroe  Tallahasset	FL 32301.
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Signature/Registered Agent	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor Required Signature/Incorporator	true. I am aware that the fulse information submitted in a my as provided for in s.817.155, F.S.