

PA 000024557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

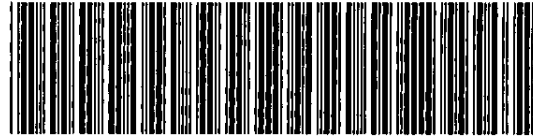
(Business Entity Name)

(Document Number)

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

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03/17/14--01026--001 \*\*70.00

FILED  
14 MAR 17 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

SUBJECT: SW FI Pest Control and Landscaping 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: John Belcastro  
Name (Printed or typed)

4379 SiB Boom Ct B-2  
Address

Fort Myers FL 33919  
City, State & Zip

239-645-2049  
Daytime Telephone number

SWFI Pest control and landscaping 208@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: SW FI Pest Control and Landscaping Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4379 JIB Boom Ct B-2  
Fort Myers FL 33919

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Start a new Business  
and To Do it Right

**ARTICLE IV SHARES**

The number of shares of stock is: One

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

Name and Title: John Belcastro Owner Name and Title: \_\_\_\_\_

Address: 4379 JIB Boom Address: \_\_\_\_\_

Ct B-2

Fort Myers FL 33919

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: John Belcastro  
Address: 4379 J.B. Boom Ct B-2  
Fort Myers FL 33990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

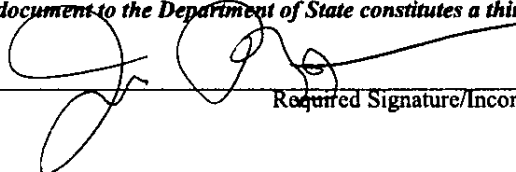
Name: John Belcastro  
Address: 4379 J.B. Boom Ct B-2  
Fort Myers FL 33919

*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

3/16/2014  
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

3/16/2014  
Date

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