P140000112135

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	W AIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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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

SWT Delivery Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFEX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	Walter Campbell
1 WOM.	Name (Printed or typed)
	5096 Southington Ave.
	Address
	Memphis, TN 38118
	City, State & Zip
	(901) 258-7305
	Daytime Telephone number
	Fax (901) 363-8005
	E-mail address: (to be used for future annual report notification)

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

11/10/2008 03:22 9017954599

MEM

RECEIVED 02/03

14 APR 22 PN 2: 14

Score Core Corate TALLAMASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2014

WALTER CAMPBELL 5096 SOUTHINGTON AVENUE MEMPHIS, TN 38118

SUBJECT: SWT DELIVERY INC. Ref. Number: W14000017731

We have received your document for SWT DELIVERY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-8052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Latter Number: 814A00006003

COVER LETTER

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

SUBJECT: SW	T Delivery Inc.		
	(PROPOSED CORPOR	ate name – <u>Must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fcc	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: W	/alter Campbell		
	Nam	e (Printed or typed)	
50	96 Southington		
	<u>-</u>	Address	
M	emphis, TN 381	18	
	City,	State & Zip	
(9	01) 258-7305		
	Daytime 1	elephone number	· ///
Fa	ax (901) 363-800)5	
<u></u>		d for luture annual report i	notification)

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

MYSION DE RESPONATION 14 MAY 12 PM 12: 23

ARTICLES OF INCORPORATION

	In compliance with Chapter 607 an	d/or Chapter 621,	F.S. (Profit)
ARTICLE I NA. The name of the corpora	tion shall be: SWT Delivery	nc.	
	Principal street address		Mailing address, if different is:
5096 South	ington Ave		
Memphis, T	N 38118		
ARTICLE III PUR The purpose for which	POSE the corporation is organized is: To pi	rovide a d	lelivery service
ARTICLE IV SHA	MRS 100		
	Walter K. Campbell		President
Name and Title	5096 Southington Ave	_ Name and Title	i rogidorit
Address	Memphis, TN 38118	_ Address: _	
Name and Title:			
Address	· · · · · · · · · · · · · · · · · · ·		
Numers		_ Address: 	
Name and Title;		_ Name and Title:	
Address			

Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Name: Heather Price Address: 120 S Offive Avenue Ste 500 West Paim Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Valter K. Campbell Address: 5095 Southington Avenue Ste 509 Memphis, TN 38118				
Name and Title: Address: Name: Healther Price Address: West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Iscorporator is: Name: Name: Waiter K. Campbell Address: 5095 Southington Ave				
Name and Title: Address: Name: Heather Price 120 S Olive Avenue Ste 500 West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Valter K. Campbell Address: 5095 Southington Ave	y 1	•		
Name and Title: Address: Name: Heather Price 120 S Olive Avenue Ste 500 West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Valter K. Campbell Address: 5095 Southington Ave				(contl.)
ARTICLE VI REQUESTERED AGENT The name and Florida strest address (P.O. Box NOT acceptable) of the registered agent is: Name: Heather Price 120 S Olive Avenue Ste 500 West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Waiter K. Campbell 5095 Southington Ave				(ooms)
ARTICLE VI REDURSTERED AGENT The name and Florida sirest address (P.O. Box NOT acceptable) of the registered agent is: Name: Heather Price Address: 120 S Olive Avenue Ste 500 West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Waiter K. Campbell 5095 Southington Ave	Ne	me and Title;	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Heather Price Address: 120 S Olive Avenue Ste 500 West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Waiter K. Campbell Address: 5095 Southington Ave				· · · · · · · · · · · · · · · · · · ·
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Address: 120 S Olive Avenue Ste 500		• • • • • • • • • • • • • • • • • • • •		
West Palm Beach, FL 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Walter K. Campbell Address: 5095 Southington Ave		120 S Olive Avenue Ste 500	•	
The name and address of the Incorporator is: Name: Waiter K. Campbell Address: 5095 Southington Ave	***************************************	West Palm Besch, FL 33401		
Name: Waiter K. Campbell 5095 Southington Ave	ARTICLE	yii ricorporator		
Name: Waiter K. Campbell 5095 Southington Ave	The <u>name a</u>	nd address of the Incorporator is:		
		· · · · · · · · · · · · · · · · · · ·		
	Address	5095 Southington Ave		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
			•	
	trus certytea	rs, I am jamilaar vaan and accept the appointment as reg	triered agent and agree to act t	this especity
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	a hard	Parting Signature/Parksand A and		<u> </u>
5.614	7 m. 1 m. 14. 42. 42. 4.		terra. Paras arragos alle as alle a delle s	
Required Signature/Registered Agent Date	document to	i normanari ana ayrim inai ipie jaces sessia hereth dre l The Gepartment of Statefconstitutes a third degree fefoh;	rue. 2 am aware that the fille var provided for in 2.817.155, i	injormation submitted in 6
Seather 5.614				TZ (7:1/1