

P14000044393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

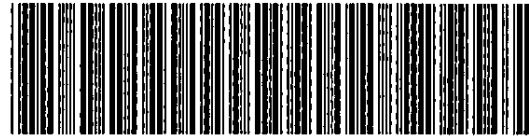
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Meggon Sworner GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT IV & V  
DATE 5/20/14  
DOC. EXAM VH

W14-28584

Office Use Only



300259801593

05/05/14--01021--013 \*\*78.75

FILED  
CLERK OF COURT  
DIVISION OF RECORDS  
2014 MAY 19 PM 2:40

## COVER LETTER

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

SUBJECT: SARASOTA WINDOW SILLS, 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: Meggon Swarner  
Name (Printed or typed)

1144 Deer Hollow Place  
Address

Sarasota, FL 34232  
City, State & Zip

941-650-4649  
Daytime Telephone number

mswarner@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2014

MEGGON SWARNERS  
1144 DEER HOLLOW PLACE  
SARASOTA, FL 34232

SUBJECT: SARASOTA WINDOW SILLS, INC  
Ref. Number: W14000028584

We have received your document for SARASOTA WINDOW SILLS, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 814A00009667

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: SARASOTA WINDOW SILLS, INC.

2017 MAY 19 PM 2:40

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1144 DEER HOLLOW PLACE

SARASOTA, FLORIDA

34232

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Installation of Window Sills

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Meggon Swarner, owner

Name and Title: President

Address 1144 Deer Hollow PL  
Sarasota, FL 34232

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: Meggon Swarner  
Address: 1144 Deer Hollow PL  
Sarasota, FL 34232

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John McCall  
Address: 1146 Deer Hollow PL  
Sarasota, FL 34232

*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*

Meggon Swarner 4/30/14  
Required Signature/Registered Agent 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.*

John V McCall 4/30-14  
Required Signature/Incorporator Date