P14000092868

(Requestor's Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

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

SUBJECT: CW	Sylvester Inc		
50B0E011	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d 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 CO	DPY REQUIRED
$_{FROM}$	eanna Sylvester		
		e (Printed or typed)	
<u>34</u>	11 Elizabeth Stre		
		Address	
E	nterprise, FL 32	725	
	City,	State & Zip	
(3	86) 837-2981		
	Daytime T	elephone number	

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

E-mail address: (to be used for future annual report notification)

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

2725 Exporation is organized is: Any and	Enter	ox 4188 prise, FL usiness re	lating to security
	-		lating to security
poration is organized is: Any and	d all lawful b	usiness re	
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			36 3
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		Charles V	V Sylvester, VP
Elizabeth Street	_ Address:	341 Eliza	abeth Street
terprise, FL 32725	_	Enterpris	se, FL 32725
	<ul><li>Name and Title:</li></ul>		
	_ Address:		
	<ul><li>Name and Title:</li></ul>		
	_ Address:		
	orricers and/or director anna Sylvester, Presiden 1 Elizabeth Street terprise, FL 32725	anna Sylvester, President  I Elizabeth Street  terprise, FL 32725  Name and Title:  Address:  Address:	officers AND/OR DIRECTORS anna Sylvester, President 1 Elizabeth Street Address: Charles V 341 Eliza Enterprise  Name and Title: Address:  Name and Title:  Name and Title:

Name ar	nd Title:	Name and Title:
Address		Address:
		·
	REGISTERED AGENT	
Name:	lorida street address (P.O. Box NOT acceptable) of Lawrence Swan	the registered agent is:
Address:	709 Cape Coral Parkway W	50 <b>2</b>
	Cape Coral, FL 33914	
ARTICLE VII	INCORPORATOR	Aceted 13 PM
The name and a	ddress of the Incorporator is:	Fig. 22
Name:	Deanna Sylvester	28 100 100 100 100
Address:	341 Elizabeth Street	
	Enterprise, FL 32725	
Having been nar this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designat istered agent and agree to act in this capacity
Racing.	ace Lan	11/12/14
	Required Signature/Registered Agent	Date
		true. I am aware that the false information submitted
40cument to the	Department of State constitutes a third degree felon	v as provided for in s.817.155, F.S.
Clax.	xa Sylvester	11/12/2014
·	Required Signature/Incorporator	Date

November 11, 2014

**Department of State** 

**Division of Corporations** 

P O Box 6327

Tallahassee, FL 32314

Reference: CW Sylvester Inc.

Document Number P13000088462

Danna Sylvester

Dear Department;

It has come to our attention that our sunbiz filing for my corporation CW Sylvester Inc has become obsolete. At this time I would like to authorize the release of the Document number P13000088462 listed for the corporation CW Sylvester Inc. as I am the President of this corporation.

Further I would like to remit to you a corporate filing for setting up a new corporation of which the documents are enclosed for processing.

Thanking you in advance for your help in taking care of these matters.

Sincerely,

Deanna Sylvester

President