DISUXU0/3724

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

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SECRETARY OF STATE

FEB 1 0 2015 S. GILBERT

COVER LETTER

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

SUBJECT: SVV	FL investment, i	116.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	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	PY REQUIRED
FROM:	ranz G. Gerwins		
	Nam	e (Printed or typed)	
91	19 SW 35th ST		
		Address	
C	ape Coral, FL 33		
	City	, State & Zip	
94	11-244-7378		
	Daytime 7	Telephone number	

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

gg@ger-net.com

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)

ARTICLE I NAM The name of the corporat	E SWFL Investm	ent, Inc.	
ARTICLE II PRI	NCIPAL OFFICE Principal street address ST		dress, if different is:
	POSE he corporation is organized is: Awful activities and b	ousiness	
	RES 100 FIAL OFFICERS AND/OR DIRECTO Franz G. Gerwins, PVST 919 SW 35th ST Cape Coral, FL 33914	DRS Name and Title: Address:	15 FEB -2 AM IO: 58 SECRETARY OF STATE ALLIAHASSEE, FLORIDA
Address	Cape Coral, FL 33914	Address:	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of Franz G. Gerwins 919 SW 35th ST Cape Coral, FL 33914	f the registered agent is: -
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Franz G. Gerwins	_
Address:	919 SW 35th ST	
	Cape Coral, FL 33914	· -
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity Ol-27-2015
//	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony Required Signature/Incorporator	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. O(-27-2015 Date
/		