

PI SOWUD 82707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

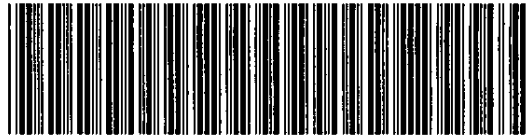
Special Instructions to Filing Officer:

Office Use Only

PI SOWUD 63927

OCT 07 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2015

SARAH WORTHYLAKE
7100 BAYSHORE DRIVE
MILTON, FL 32583

SUBJECT: SAW ENTERPRISES, INC.
Ref. Number: W15000063921

We have received your document for SAW ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 815A00020267

COVER LETTER

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

SAW

SUBJECT: SAW ENTERPRISES 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: SARAH WORTHYLAKE

Name (Printed or typed)

7100 BAYSHORE DRIVE

Address

MILTON FLORIDA 32583

City, State & Zip

850-554-2506

Daytime Telephone number

AKEIEK@AOL.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: ~~SARAH~~ **SALW Enterprises, Inc.**
SALW ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7100 BAYSHORE DRIVE
MILTON FLORIDA
32583

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PRODUCT SPECIALIST FOR AUTO SHOW PRODUCTS. THE DEMONSTRATING AND INSTRUCTION OF ALL TYPES OF AUTOMOBILE PRODUCTS. THESE ACTIONS ARE TO BE SERVED IN ANY STATE THROUGHOUT THE UNITED STATES.**

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: **SARAH WORTHYLAKE PRESIDENT**

Name and Title:

Address 7100 BAYSHORE DRIVE
MILTON FLORIDA
32583

Address:

Name and Title: **LAURA WORTHYLAKE VICE PRES**

Name and Title:

Address 7100 BAYSHORE DRIVE
MILTON FLORIDA
32583

Address:

Name and Title: **ANN KBIK SECRETARY**

Name and Title:

Address 7217 TWIN LAKES LANE
PENSACOLA FLORIDA
32504

Address:

15 SEP 30 AM 11:10

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANN KIEBK

Address: 7217 TWIN LAKES LANE

PENSACOLA FLORIDA 32504

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAURA WORTHYLAKE

Address: 7100 BAYSHORE DRIVE

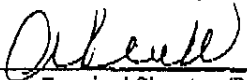
MILTON FLORIDA 32583

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: SEPTEMBER 12015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/14/15

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

9/14/15

Date