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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DOWNING LAW OFFICES PA
Account Number : I20120000019
Phone : (407) 960-5927
Fax Number : (407) 960-5929

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hdowning@haldowninglaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION
SWISS PARTNERS CORP.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED
2015 NOV 30 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division Nov. 30. 2015 12:41PM

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<https://eusc.sunbiz.org/scripts/efilcovr.exe>

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: SWISS PARTNERS CORP.

(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: Harold L. Downing

Name (Printed or typed)

501 South New York Avenue, Suite 220

Address

Winter Park, Florida 32789

City, State & Zip

407 960 5927

Daytime Telephone number

hdowning@haldowninglaw.com

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

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

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

ARTICLE I NAMEThe name of the corporation shall be: SWISS PARTNERS CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
501 South New York Avenue, Suite 220

Mailing address, if different is: _____

Winter Park, Florida 32789**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: all lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Harold L. Downing

Name and Title: _____

Address 501 South New York Avenue, Suite 220

Address: _____

Winter Park, Florida 32789

Name and Title: _____

Name and Title: _____

Address _____

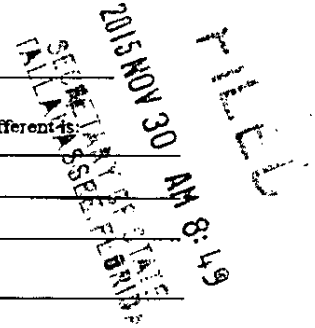
Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____



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: Harold L. Downing
Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harold L. Downing
Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32789

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

November 30, 2015

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

November 30, 2015

Date