

P160000026117

(Requestor's Name)

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(City/State/Zip/Phone #)

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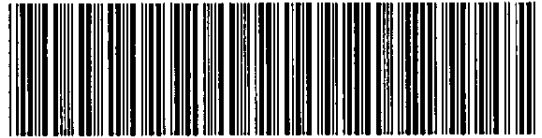
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/23/16

COVER LETTER

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

SUBJECT: 499 SW Capital Group, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Stacie J. Kornegay

Name (Printed or typed)

320 Eloise Street

Address

Tallahassee, FL 32312

City, State & Zip

850-544-9953

Daytime Telephone number

stacieonthego@yahoo.com

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

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

16 MAR 23 PM 2:29

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ARTICLES OF INCORPORATION

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

16 MAR 23 PM 2:29

ARTICLE I NAME

The name of the corporation shall be: 499 SW Capital Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
499 SW Capital Circle, Tallahassee, FL 32304

Mailing address, if different is:
320 Eloise Street, Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to own and manage a commercial warehouse site for profit.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacie J. Kornegay, President/Director

Address 320 Eloise Street
Tallahassee, FL 32312

Name and Title: Lea E. Kornegay, Sec/Treas/Director

Address: 320 Eloise Street
Tallahassee, FL 32312

Name and Title: Joseph Duncan, VP/Director

Address P. O. Box 337
Crawfordville, FL 32326

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____ 16 MAR 23 PM 2:29
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stacie J. Kornegay
Address: 320 Eloise Street
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacie J. Kornegay
Address: 320 Eloise Street
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 23, 2016 (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

Stacie J. Kornegay March 23, 2016
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.

Stacie J. Kornegay March 23, 2016
Required Signature/Incorporator Date