

P 16000060706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

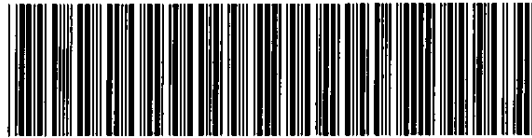
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 JUL 22 AM 10:35

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AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 JUL 22 AM 10:28

RECEIVED  
SECRETARY OF STATE

J 7/22/16

COVER LETTER

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

SUBJECT: Swatts Auto World 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: Derrick L. Swatts  
Name (Printed or typed)

55. Hinson Cir  
Address

Merena Fla. 32333  
City, State & Zip

229-726-8563  
Daytime Telephone number

Swattsautoworld@g.mail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 22 AM 10:35

APPROVED  
AND  
FILED

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

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

16 JUN 22 AM 10:36

ARTICLE I NAME

The name of the corporation shall be: Swatts Auto World INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

55. Hinson Cir  
Havana Fla. 32333

P.O. BOX 795  
Havana, Fla. 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any small hardware Business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, Derrick L. Swatts Name and Title: \_\_\_\_\_

Address 55. Hinson Cir Address: \_\_\_\_\_  
Havana, Fla. 32333

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVAL  
AND  
FILED

16 JUN 22 AM 10:36

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Derrick L. Swatts

Address: 55. Hinson Cir  
Havana, FL 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick L. Swatts Pres.

Address: 55. Hinson Cir  
Havana, Fla. 32333

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*

Derrick L. Swatts  
Required Signature/Registered Agent

11/22/2016  
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.*

Derrick L. Swatts  
Required Signature/Incorporator

11/21/2016  
Date