## P16000091916

(Requestor's Name)
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PICK-UP WAIT MAIL
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TALL ARASSEE, FLORING

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## **COVER LETTER**

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

SUBJECT: Bou	arne of SW FL, Inc		
50D0LC1	(PROPOSED CORPO	RATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:		me (Printed or typed)	
	160 SW 54th St		
		Address	
	Cape Coral, Fl. 33914		
	Ci	ty, State & Zip	
	239-209-1603		
	Daytime	Telephone number	
	bevans1985@aol.com		
	E-mail address: (to be u	sed for future annual report	notification)

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

'November 1, 2016

Department of State
Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: Bourne of SW FL, Inc.

Florida Document Number: P07000096589

Dear Department:

It has come to our attention that our corporation Bourne of SW FL, Inc. was dissolved administratively.

At this time I would like to release our document number P07000096589 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,

Brent Evans, President

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

FILED

ARTICLE I NAME The name of the corporat	Bourne of SW FL, Inc	2016 NOV 14 PM 4: 42
ARTICLE II PRINC	IPAL OFFICE Principal street address	Mailing address, if different is: DA
123 SW 47th Ter #202		
Cape Coral, FL 33914		**
ARTICLE III PURPO The purpose for which the	ACE.	l all lawful business.
ARTICLE V INITIA	ES 100 Shares @ 1.00 par value p stock is:  L OFFICERS AND/OR DIRECTORS	<del></del>
Name and Title		Name and Title:
Address	123 SW 47th Ter #202	Address:
	Cape Coral, FL 33914	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		

•			FILED	
Name and Title:		Name and Ti	Name and Title: 2016 NOV 11 PH	
Address		Address:	C:	
			TALLIMASSEE, FLORIUA	
ARTICLE VI	REGISTERED AGENT			
The name and	Florida street address (P.O. Box NOT according to the Lawrence Swan	eptable) of the registered	agent is:	
Name:	-	<del></del>		
Address:	709 Cape Coral Pwky W			
	Cape Coral, FL 33914			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
The <u>name and</u>	address of the Incorporator is:			
Name:	Brent Evans			
Address;	123 SW 47th Ter #202			
	Cape Coral, FL 33914			
ARTICLE VIII	I EFFECTIVE DATE:			
Effective date, (If an effective	if other than the date of filing: date is listed, the date must be specific a	nd cannot be more tha	(OPTIONAL) n five business days prior or 90 business	
days after the	filing.)			
Note: If the dathe document's	te inserted in this block does not meet the a effective date on the Department of State's	pplicable statutory filing records.	g requirements, this date will not be listed as	
Having been n this certificate,	amed as registered agent to accept service of am familiar with and accept the appointm	of process for the above sent as registered agent t	stated corporation at the place designated in and agree to act in this capacity	
1	Acces Floral		11/1/2016	
o u	Required Signature/Registered /	Agent	Date	
I submit this do	ocument and affirm that the facts stated h e Department of State constitutes a third de	erein are true. I am aw gree felony as provided j	are that the false information submitted in a for in s.817.155, F.S.	
The	# X		11/1/2016	
Req	uired Signature/Incorporator		Date	