

P17000016942

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

17 FEB 23 AM 10:56
STATE
FALL AND STATE
FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Swart Capital Investments Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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11/2/2017

COVER LETTER

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

SUBJECT: Swart Capital Investments 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: Jennifer Tasevoli

Name (Printed or typed)

900 Merchants Concourse Suite 405

Address

Westbury, NY 11590

City, State & Zip

888-579-0286

Daytime Telephone number

fontil_pierral@live.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 NAMEThe name of the corporation shall be: Swart Capital Investments Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address3341 NW 204th TerraceMiami, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any legal activity**ARTICLE IV SHARES**The number of shares of stock is: 2,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Picrral Fontil DirectorAddress: 3341 NW 204th TerraceMiami, FL 33056

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 FEB 23 AM 10:59
STATE OF FLORIDA
TALLAHASSEE

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: NRAI Services, Inc.
 Address: 1200 South Pine Island Road
Plantation, FL 33324

17 FEB 23 AM 0:56
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Brent Buscay
 Address: 9120 Double Diamond Pkwy
Reno, NV 89521

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 days prior or 90 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*

By: NRAI Services, Inc. Karen Fugekang 2/23/2017
 Required Signature/Registered Agent Asst. Secretary 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.

Brent Buscay 2/23/2017
 Required Signature/Incorporator Date
 Brent Buscay