

P17000061149

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Special Instructions to Filing Officer:

W17-55275

Office Use Only



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17 JUL 18 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 19 2017

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2017

JENIFER MESTRE  
1307 SE 47TH TERRACE  
CAPE CORAL, FL 33904

SUBJECT: CONNECTION SHOE REPAIR INC  
Ref. Number: W17000055275

We have received your document for CONNECTION SHOE REPAIR INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P09000009600.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

KYLE D BRUMBLEY  
Regulatory Specialist II

Letter Number: 917A00013524

RECEIVED  
17 JUL 17 PM 3:54  
BUREAU OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

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

**SUBJECT:** CONNECTION SHOE REPAIR OF SWF 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:** JENIFER MESTRE  
\_\_\_\_\_  
Name (Printed or typed)

1307 SE 47TH TERRACE  
\_\_\_\_\_  
Address

CAPE CORAL, FL 33904  
\_\_\_\_\_  
City, State & Zip

239-542-5684  
\_\_\_\_\_  
Daytime Telephone number

CONNECTIONSHOES@YAHOO.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 NAME

The name of the corporation shall be: CONNECTION SHOE REPAIR OF SWF INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1307 SE 47TH TERRACE

CAPE CORAL, FL 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SHOE REPAIR AND SHOE SALES

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENIFER MESTRE PRESIDENT

Name and Title:

Address 97 SABLE DRIVE

Address:

N FT MYERS, FL 33917

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED  
17 JUL 18 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: JENIFER MESTRE  
Address: 97 SABLE DRIVE  
N FT MYERS, FL 33917

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JENIFER MESTRE  
Address: 97 SABLE DRIVE  
N FT MYERS, FL 33917

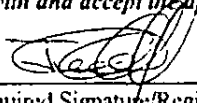
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JULY 13, 2017. (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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

7/10/17  
\_\_\_\_\_  
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

7/10/17  
\_\_\_\_\_  
Date