PNOUUD	92825
(Requestor's Name) (Address) (Address)	500305814205
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	. 11/20/1701037007 **70.00
Certified Copies       Certificates of Status         Special Instructions to Filing Officer:	17 NOV 20 AM 9: 16 AND 20 AM 9: 16 AND 20 AM 9: 16
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November 14, 2017

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Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Reference: Mack Enterprises of SWFL, Inc. Florida Document Number P16000098487

Dear Department:

It has come to my attention that my annual report was not filed for 2017 and that my corporation has

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Become administratively dissolved.

At this time I would like to release my Florida document number P16000098487 for my corporation

Mack Enterprises of SWFL, Inc.

I am also enclosing for submission new articles that I would ask the department to process for me at this time.

Thanking you in advance for your assistance with these matters.

Sincerely,

Ser mil

Scott J McSweeney, President

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

SUBJECT:	k Enterprises of SWFL Inc (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an c	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
	0 S78.75 e Filing Fee & Certificate of Status	<ul> <li>\$78.75</li> <li>Filing Fee</li> <li>&amp; Certified Copy</li> <li>ADDITIONAL CO</li> </ul>	& Certificate of Status		
FROM:	Scott J McSweeney Name (Printed or typed)				
	1805 NW 14th Terrace				
(	Cape Coral, FL 33993	Address			
-	City 239-245-4931	7, State & Zip			

Daytime Telephone number

scottmac11@aol.com

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

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

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

	<u>NCIPAL OFFICE</u> Principal <u>street</u> address		ess, if different is:	
05 NW 14th Terra ape Coral, FL 339		Same		
			·	
RTICLE III PUR the purpose for which	POSE Any and h the corporation is organized is:	d all lawful business pertaining to co	onstruction	
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				-
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<u>RTICLE IV SIL</u>	ARES 1000 Shares @ \$1.00 par valu	e per share	· · · · · · · · · · · · · · · · · · ·	_
RTICLE II SIL	<u>ARES</u> 1000 Shares @ \$1.00 par valu of stock is:	e per share	17 NOV	_
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Name and Title:	 ···-	Name and Title:	 
Address	 	_ Address:	 
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## ARTICLE VI REGISTERED AGENT

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

Name:	Kathleen Flynn	_
Address:	709 Cape Coral Parkway W	
	Cape Coral, FL 33914	

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott J McSweenev Name: 1805 NW 14th Terrace Address: Cape Coral, FL 33993

## 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

Required Signature/Registered Agent

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

11-14-2017 Date

\_\_\_\_<u>11/14/201</u>7