

PI8000495467

(Requestor's Name)

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(Business Entity Name)

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NOV 27 2018 11:31 AM
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, DC 20535

FILED
2018 NOV 27 AM 8:52
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, DC 20535

COVER LETTER

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

SUBJECT: UAV REMOTE PILOT SERVICES 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: PEDRO WILMER ROBLES (PRESIDENT)

Name (Printed or typed)

585 SW 181 WAY

Address

PEMBROKE PINES, FL 33029

City, State & Zip

954-499-9291

Daytime Telephone number

PROFESSIONALS.CONTACT@GMAIL.COM

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

FILED
2010 NOV 27 AM 8:52
STATE TARIFF
ALL AMBASSADORS

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: UAV REMOTE PILOT SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

585 SW 181 WAY

SAME

PEMBROKE PINES, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DRONE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO WILMER ROBLES (PRES)

Name and Title: _____

Address 585 SW 181 WAY

Address: _____

PEMBROKE PINES, FL 33029

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2010 NOV 27 AM 8:52
CLERK OF DISTRICT COURT
JACKSONVILLE, 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: PEDRO WILMER ROBLES

Address: 585 SW 181 WAY

PEMBROKE PINES FL 33029

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PEDRO WILMER ROBLES

Address: 585 SW 181 WAY

PEMBROKE PINES FL 33029

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2018 NOV 27 AM 8:52
CLERK OF THE STATE
OF FLORIDA

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

11/21/2018
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

11/21/2018
Date

P18 000095958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

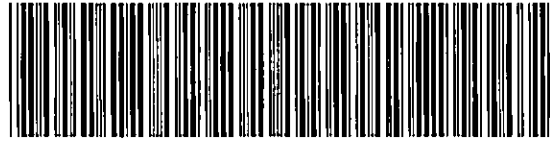
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200321339182
11/27/18--01008--004 **87.50

NOV 27 2018 3:31
FILED
NOV 27 AM 8:43
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sun Hs 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. Swarth
Name (Printed or typed)

136 Mann Rd.
Address

Havana Fla. 32333
City, State & Zip

229-726-8563
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2010 NOV 27 AM 8:43

FILED

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: Swatts Auto World Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

66 Munn rd.

Same

Havanna, Fla. 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any & all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derrick L. Swatt (President)

Name and Title: _____

Address 66 Munn rd.

Address: _____

Havanna, Fla. 32333

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2010 NOV 27 AM 8:43
CLERK OF DISTRICT COURT
JACKSONVILLE, FLA.

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: Derrick L. Swatts
Address: 66 Nunn Rd.
Hawann, Fla. 32333

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2018 NOV 27 AM 8:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick L. Swatts
Address: 66 Nunn Rd.
Hawann, 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 days prior or 90 days after the filing.)

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Derrick L. Swatts
Required Signature/Registered Agent

11/27/2018
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

11/27/2018
Date