

P190002286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

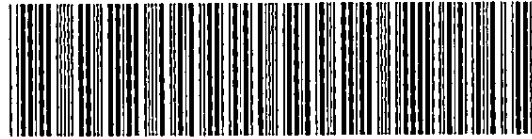
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/19--01024--016 *78.75

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2019 MAR 18 AM 10:57

12 3/19/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2019

SCOTT W. LYNCH
1704 NW 11TH CT
CAPE CORAL, FL 33993

SUBJECT: SCOTT W. LYNCH A-1 CUTTING EDGE INC,
Ref. Number: W19000003490

We have received your document for SCOTT W. LYNCH A-1 CUTTING EDGE INC, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 519A00000859

COVER LETTER

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

SUBJECT: _____

S W L A-1 Cutting Edge 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: _____

Scott W. Lynch

Name (Printed or typed)

1704 NW 11th Ct

Address

CAPE CORAL FL 33993

City, State & Zip

239.458.8005

Daytime Telephone number

A1cuttingedge@gmail.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:

SWL A-1 Cutting Edge INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1704 NW 11th Ct
Cape Coral FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

property maintenance

NO FERTILIZATION OR CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

Scott W. Lynch

P.

1704 NW 11th Ct

Cape Coral FLA

33993

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2019 MAR 18 AM 10:57
FILED
CLERK OF COURT
CLERK OF COURT

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: SCOTT W. LYNCH
Address: 1704 NW 11th Ct
CAPE CORAL FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SCOTT W. LYNCH
Address: 1704 NW 11th Ct
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.

I, _____, do hereby 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
11/2/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
11/2/2019
Date

~~PAID~~ 82-37412363 To Be Applied;



**City of Cape Coral
Business Tax Receipt**

BT19-86101

Issue Date: 10/10/2018

PROPERTY MAINTENANCE

DBA:

Owner Name: LYNCH SCOTT W

Expiration Date: 09/30/2019

**THIS RECEIPT IS FURNISHED PURSUANT TO FLORIDA STATE STATUTES, CHAPTER 205 AND
CITY OF CAPE CORAL ORDINANCE 9-72 AS AMENDED**

The law requires this receipt to be displayed conspicuously at the place of business so that it is open to the view of the public and available for inspection.

Payment is due each year by September 30th. Payment after September 30th is delinquent and subject to a penalty of 10% for the month of October, plus an additional 5% for each month thereafter. The total delinquency penalty shall not exceed 25% of the tax. A 25% penalty is imposed on any person engaged in any new business, occupation or profession without first paying a Cape Coral Business Tax.

This receipt is for a business tax only. It does not permit the person/business to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the business from licenses or permits that may be required by law. This receipt does not assure quality of work.

Business Tax Receipts are available for purchase on July 1st. If you need to transfer your Business Tax Receipt due to a change of business name, ownership, location or closing your business, please contact our office at 239-574-0430 to obtain the proper information.

Detach and post bottom portion

CITY OF CAPE CORAL BUSINESS TAX RECEIPT

RECEIPT #: BT19-86101

City of Cape Coral -- 1016 Cultural Park Blvd -- Cape Coral Florida 33990 -- (239) 574-0430

This Receipt expires September 30, 2019 Visit our website at: www.capecoral.net

**DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.**

- THIS TAX IS NON REFUNDABLE -

Location: 1704 NW 11TH CT
Business Phone: (239) 458-8005



Number of Employees:
Classification
PROPERTY MAINTENANCE
NO FERTILIZATION OR CONSTRUCTION
WORK TO BE DONE