

P20000034927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

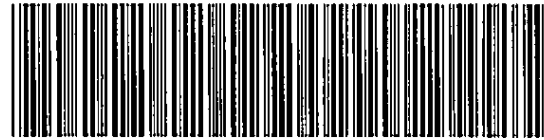
Special Instructions to Filing Officer:

Office Use Only

M2000042933

MAY 13 2020

T. SCOTT



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04/27/20--01035--016 **70.00

FILED
2020 MAY 12 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2020

BRIANNA BURGE
5609 SW 97TH
TERRACE COOPER CITY, FL 33328

SUBJECT: SWIM CHICK, INC
Ref. Number: W20000042933

We have received your document for SWIM CHICK, 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 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.

Shares are whole numbers no decimals or percent signs.,

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: 920A00008946

COVER LETTER

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

SUBJECT: Swim Chick, 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: Brianna Nicole Burge
Name (Printed or typed)

5609 SW 97th Terrace
Address

Cooper City, FL 33328
City, State & Zip

954-547-2130
Daytime Telephone number

Swimchickinc@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: Swim Chick, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5609 SW 97th Terrace
Cooper City, FL, 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Clothing Company

ARTICLE IV SHARES

The number of shares of stock is: 99⁰⁰/_{10⁸⁸} 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brianna Burge President Name and Title: _____

Address: 5609 SW 97th Address: _____
Terrace, Cooper City,
FL, 33328

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2020 MAY 12 AM 9:46
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: Brianna Burge

Address: 5609 SW 97th Terrace

Cooper City, FL, 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brianna Burge

Address: 5609 SW 97th Terrace

Cooper City, FL, 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/19/2020 (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:

Brianna Burge

Required Signature/Registered Agent

04/19/2020
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.

Brianna Burge

Required Signature/Incorporator

04/19/2020
Date