## P21000014869

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PICK-UP WAIT MAIL
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## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	stion of S.W.	FI. DNC
	(PROPOSED GORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFEX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	
	Eli ESKIN Name 33 SE 17th TARR		
	Ape CONS/ F	2442	
	•	66/5 elephone number	
	EESKINA21106 E-mail address: (to be used	MAIL-CON	otification)
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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)

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Name and	Title:	Name and Title:
Address		Address:
		<del>-</del>
	EGISTERED AGENT	
I he name and Flo	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Eli ESKINAZI	_
Address:	133 SE 17th Tennace	_
	upe word \$1 33990	I SEE
ARTICLE VII I	NCORPORATOR	FIL JAN 25 CRETAR LAHASSE
The name and add	tress of the Incorporator is:	<u></u> '
Name:	Eli GSKINAZI	
Address:	133 SV 17th tenme	©∵ <b>છ</b>
	upe was 121 33990	- -
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o	ther than the date of filing:	
	nserted in this block does not meet the applicable ective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
Having been name	d as registered agent to accept service of process	for the above stated corporation at the place designated in the
сегијские, г ат ја	niliar with and accept the appointment as registe	
	Required Signature/Registered Agent	
I melaunit thin dans	ment and affirm that the facts stated herein are	true. I am aware that the false information submitted in
document to the De	epartment of State constitutes a third degree felou	ry as provided for in s.817.155, F.S.