

P21000017855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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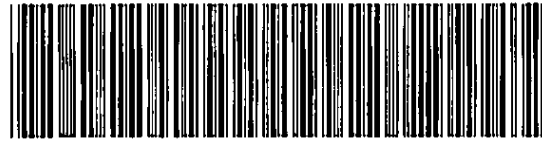
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

COVER LETTER

SUBJECT: SWFL SPARKLE N'SHINE, 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: DANIEL SMITH
Name (Printed or typed)

27149 SERRANO WAY
Address

BONITA SPRINGS, FL 34135
City, State & Zip

239-272-2342
Daytime Telephone number

SWFLSPARKLENCLEAN@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: SWFL SPARKLE N' SHINE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14004 MIRROR DRIVE

NAPLES, FL 34114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL ACTIVITIES OF
A FLORIDA CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GINO LOSCHIAVO - PRESIDENT Name and Title: _____

Address 14004 MIRROR DRIVE Address: _____
NAPLES, FL 34114

Name and Title: DENISE LOSCHIAVO - SECRETARY Name and Title: _____

Address 14004 MIRROR DRIVE Address: _____
NAPLES, FL 34114

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: BINO LOSCHIAVO

Address: 14004 MIRROR DRIVE
NAPLES, FL 34114

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL SMITH

Address: 27149 SERRANO WAY
BONITA SPRINGS, FL 34135

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

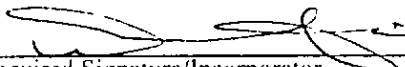


Required Signature/Registered Agent

01/27/2021

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

1-27-2021

Date

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NAPLES, FL 34114

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Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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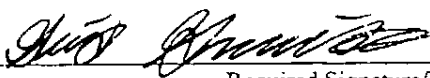
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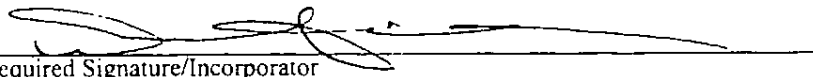
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