

P210000055501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

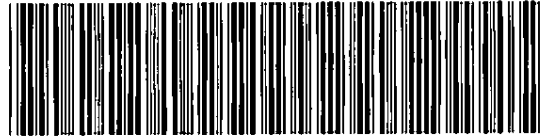
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/21--01001--003 **70.00

TALLAHASSEE, FL 32301

2021 JUN 11 PM 2:57

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN 11 AM 10:05

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SWAMP CAR WASH WEST, INC.

Signature _____

Requested by: SETH

06/09/21

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

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

SUBJECT: Swamp Car Wash West, 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: Holden, Roscow & Caedington, PL c/o Jesse Caedington
Name (Printed or typed)

5608 NW 43rd St.

Address

Gainesville, FL 32653

City, State & Zip

352-373-7788

Daytime Telephone number

jesse@gny-law.com

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

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2021 JUN 11 AM 10:05

ARTICLE I NAME

The name of the corporation shall be Swamp Car Wash West, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1325 NW 53rd Ave., Suite E

Gainesville, FL 32609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is, any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title, Larry H. Cheshire, President

Name and Title:

Address 1325 NW 53rd Ave., Suite E

Address:

Gainesville, FL 32609

Name and Title, Kyle D. Cheshire, Vice-President

Name and Title:

Address 1325 NW 53rd Ave., Suite E

Address:

Gainesville, FL 32609

Name and Title, Dean Cheshire

Name and Title:

Address 1325 NW 53rd Ave., Suite E

Address:

Gainesville, FL 32609

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: Holden, Roscoe & Caedington, PI

Address: 5608 NW 43rd St
Gainesville, FL 32653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean R. Cheshire

Address: 1325 NW 33rd Ave., Suite L
Gainesville, FL 32609

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

06/09/2021
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

6/9/2021
Date

2021 JUN 11 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

FILED