

P210000084761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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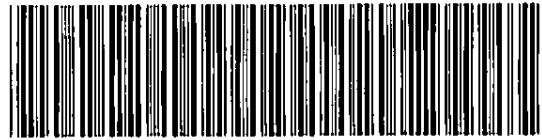
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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SECRETARY OF STATE  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 043929 4328337

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : September 28, 2021

ORDER TIME : 9:02 AM

ORDER NO. : 043929-030

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: SWF BEACH BAY HOLDINGS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**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: SWF BEACH BAY HOLDINGS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

151 Old San Carlos Blvd.

Ft. Myers Beach, FL 33931

Mailing address, if different is:

17274 San Carlos Blvd., Suite 202

Ft. Myers Beach, FL 33931

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (\$0.01 par value)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tim Anglim, President/Director

Address: 17274 San Carlos Blvd., Suite 202  
Ft. Myers Beach, FL 33931

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Dentons Cohen & Grigsby P.C.  
Address: Mercato - Suite 6200, 9110 Strada Place  
Naples, FL 34108

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michelle Graeb, c/o Dentons Cohen & Grigsby P.C.  
Address: 625 Liberty Avenue, 5th Floor  
Pittsburgh, PA 15222-3152

**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*



Michael Dana, on behalf of Dentons Cohen & Grigsby P.C.

09/28/2021

Required Signature/Registered Agent

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

Date 9-28-21

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TALLAHASSEE, FL

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