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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer. | | | | | |
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Office Use Only



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2021 SEP 29 PH

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 043929 4328337 AUTHORIZATION : COST LIMIT : ORDER DATE: September 28, 2021 ORDER TIME : 9:0 AM ORDER NO. : 043929-010 CUSTOMER NO: 4328337 DOMESTIC FILING NAME: S. W. F. SANIBEL 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

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

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

| | | | | | _ |
|------------------------|--|---------------------|-----------------------------------|------------------|---------------|
| ARTICLE II PRING | Principal street address | | Mailing address, if different is: | | |
| Ft. Myers Beach, FL | vd., Suite 202 | | | | |
| rt. Myers Beach, I L | 00301 | | | | |
| | | | | | - |
| ARTICLE III PURP | OSE he corporation is organized is:Any and a | all lawful business | i. | | |
| i ne purpose for which | the corporation is organized is: | | | | |
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| | | | | | |
| ARTICLE IV SHAR. | FS | | | - F | 2021 |
| he number of shares of | stock is: | *** | | <u> </u> | A 44. |
| | | | | | TT # # 1 |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | | | 0 i |
| Name and Title | Tim Anglim, President/Director | Name and Title: | | <u> </u> | |
| Address | 17274 San Carlos Blvd., Suite 202 | Address: | | 2 ² : | - 6 |
| 11007400 | Ft. Myers Beach, FL 33931 | Address. | | | |
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| Name and Title: | | Name and Title: | _ | | |
| Address | | Address: | | | |
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| Name and Title: | | | | | |
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| Name an | d Title: | Name and Title: | |
|---|---|---|--|
| Address | | Address: | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | REGISTERED AGENT | | |
| Name: | orida street address (P.O. Box NOT acceptable) of Dentons Cohen & Grigsby P.C. | the registered agent is: | |
| Address: | Mercato - Suite 6200, 9110 Strada Place | • | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Naples, FL 34108 | - | |
| ARTICLEVO | INCORPORATOR | • | |
| | dress of the Incorporator is: | | |
| Name: | Michelle Graeb, c/o Dentons Cohen & Grigsby | P.C. | |
| Address: | 625 Liberty Avenue, 5th Floor | , 15, | |
| Address: | Pittsburgh, PA 15222-3152 | • | |
| ADTICLE VIII | EFFECTIVE DATE | | |
| Effective date, if | EFFECTIVE DATE: Other than the date of filing: | (OPTIONAL | .) |
| (If an effective d | ate is listed, the date must be specific and canno | t be more than five days p | orior or 90 days after the |
| Note: If the date the document's ef | inserted in this block does not meet the applicable feetive date on the Department of State's records. | statutory filing requiremen | ts, this date will not be listed as |
| certificate, I am fa | ed as registered agent to accept service of process fo miliar with and accept the appointment as registere | r the above stated corporati d agent and agree to act in | ion at the place designated in this this capacity |
| Mille | Michael Dana, on behalf of Dent | ons Cohen & Grivshy P.C | 9/28/2021 |
| | Required Signature/Registered Agent | one continue on gavy 1.0. | Date |
| I submit this document to the D | iment and affirm that the facts stated herein are i epartment of State constitutes a third degree felony | rue. I am aware that the f as provided for in s.817.15 | Calse information submitted in a 5, F.S. |
| Op Ju Car | III Gain | - | |
| Required Signatur | e/Incorporator | D | 9-28-21_ |