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(OR) States Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	P	ICK UP:	2/18 DANI	NY	
/W	CERTIFIED COPY				
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	CORPORATE NAME AND DO	OCUMENT #)			
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	CORPORATE NAME AND DO				
-		OCUMENT #)			

COVER LETTER

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

SUBJECT: Swedish Services, Inc.								
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE S</u>	UFFIX)						
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	Filing Fee Fi & Certified Copy Co &	\$87.50 ling Fee, crtified Copy Certificate of atus						
	ADDITIONAL COPY R	EQUIRED						
FROM: Morasky Name (Printed or typed) LIOI Ravenswood Road Suite 402-402								
	Nood Kogd	+ JUNE 402-403						
Dania Boach, Florida 33312								
Daytime Telephone number								
peter hutoukan, Mola, mara com E-mail address: (to be used	SUPPIKAND CON for future annual report notifican) tion)						

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)

The name of the corporation shall be: Swedish Services, Inc.	
ARTICLE II: PRINCIPAL OFFICE Principal street address ALIOI ROWNS MOOD Rd	Mailing address, if different is:
SUITE 402-403 Donia	Beach
The purpose for which the corporation is organized is:	<u> </u>
The composition is	organized Foll (the
by bose OF prosenting	opy and all lawful
business for which	a corporation may
be incorporated under	er the florido
BIBINESS COIPURADIONS	
ARTICLE IV SHARES The number of shares of stock is: 50,000,000)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: 5 Pater Hulb (60	B DICOCOC Name and Title:
Address 132 Cannonball	
Lone, Watersound	
O(1)1/16, FL 3240	
VINJE DE LA COLOR	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	
A 13	Name and Title:
Address	Address:

•			
Name and	Title:	Name and Title:	
Address		Address:	
		-	
		<u> </u>	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Registered Agent Solutions, Inc.		
Address:	155 Office Plaza Dr., Suite A	-	
	Tallahassee, FL 32301	-	
ARTICLE VII II			
	ress of the Incorporator is:		
Name:	132 Cannonball	1 000	
Address:	Metorsand Origin	or, FL 3a	461
Effective date, if ot	AFFECTIVE DATE: the than the date of filing: te is listed, the date must be specific and cannot be specific and ca	. (OPTIONAL) t be more than five days pric	or or 90 days after the
Note: If the date in the document's effective	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
Having been named certificate, I am fan	d as registered agent to accept service of process fo miliar with and accept the appointment as register A	or the above stated corporation ed agent and agree to act in thi	at the place designated in this is capacity
	=	ana, Asst. Secretary	2/17/2022
<i>0</i> -	Required Signature/Registered Agent		Date
I submit this docum document to the De	nent and affirm that the facts stated herein are garment of State constitutes a third degree felony	true. I am aware that the fals as provided for in s.817.155, .	e information submitted in a F.S.

2/17/22