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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20080000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION S W INSURANCE GROUP INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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EIN:

88 - 1908539

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

5 11/ The 200 CO2 10 The
SW TNSURANCE GROUP INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
4621 BAYSHORE Rd.
N. FORT MYERS, FL 339:17
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLES III SHARES III SHARES OF SH
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
SHAWN A WAITE - PRESIDENT ?
2
<u> </u>
72 0
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
5 HAWN A. WAITE
4621 BAYSHORF RJ
N. FORT MYERS, FL 33917
10 10kl P. /E/LS , 1 C 3 59/7
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
SHAWN A. WAITE
4621 BAYSHORE Rd.
N. FORT MYERS, FC 33917
/ /

Required Signatures:

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

Registered Agent

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.

Incorporator

2023 APR 21 PH 1: 51