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

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JBJECT:S	swampy's INC.			
	(Proposed corp	oorate name - must include su	ffix)	
closed is an original an	d one(1) copy of the artic	les of incorporation and a	check for :	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Swampy's	(Printed or typed)		
	2665 South	Bayshore Dr. #700 Address	TALL.	97 (
	Miami, Flor			OCT 2
	City	y, State & Zip	in.	·
	(305) 858			PH 8-56
	Daytime	Telephone number ·		25

J. Wedeau 001 2 3 1999

97 OCT 21 PN 8 56 SECRETARY OF STATE TAIL AHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Swampy's Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2665 South Bayshore Dr. #700 Miami, Fl. 33133

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Yvette Alonso 2665 S..Bäyshore Dr. #700 Miami, Fl.. 33133

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Patrick McBride
2665 S. Bayshore Dr. #700
Miami, Fl..33133

P. Signature/Incorporator 10/17/97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date