

TRANSMITTAL LETTER

P99 000 078688

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

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*****87.50 *****87.50

SUBJECT: SWAGGER ENTERTAINMENT Co.
(Proposed corporate name - must include suffix)

99 AUG 30 PM 3:37

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PAUL WILLIAMS
Name (Printed or typed)

933 N.E 199th st, ste 203
Address

N. Miami BCH FLORIDA 33179
City, State & Zip

305 999-9076
Daytime Telephone number

F. CHESNEY SEP 2 1999

NOTE: Please provide the original and one copy of the articles.

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: SWAGGER ENTERTAINMENT CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

20533 BISCAYNE BLVD, STE 421
Aventura FL 33180

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

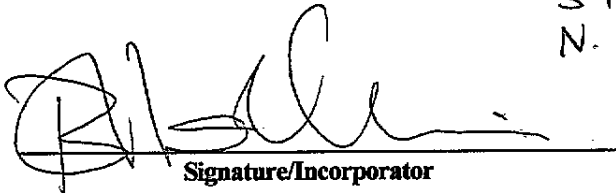
The name and Florida street address of the initial registered agent are:

PAUL WILLIAMS 933 N.E 199th St
STE 203
N. MIAMI BCH FL 33179

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PAUL WILLIAMS 933 N.E 199th St
STE 203
N. MIAMI BCH FL 33179


Signature/Incorporator

Aug 26, 99
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

Aug 26, 99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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