

TRANSMITTAL LETTER

P990000091805

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

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-10/14/99--01051--006
*****87.50 *****87.50

SUBJECT:

Swisher, Inc.

(Proposed corporate name - must include suffix)

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:

Greg Swisher

Name (Printed or typed)

12788 139TH ST

Address

Largo, FL 33774

City, State & Zip

727-595-5176

Daytime Telephone number

Greg Swisher GAVE
AUTHORIZATION BY PHONE TO
CORRECT ART. I
DATE 10/19
DOC. EXAM SHH

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 OCT 14 PM 3:27

FILED

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

S. Thompson OCT 19 1999

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: Swisher Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2699 Gulf Blvd. Indian Rocks Beach 33785

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:

Greg Swisher 12788 139TH St. Largo, FL 33774

ARTICLE V INCORPORATOR

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

Greg Swisher 12788 139TH St. Largo, FL 33774



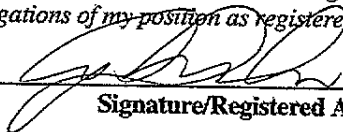
Signature/Incorporator

10/12/99

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

10/12/99

Date



Audrey L. Zeman
MY COMMISSION # CC591937 EXPIRES
October 24, 2000
BONDED THRU TROY PAIR INSURANCE, INC.

Sworn to and subscribed before me this

12th day of October 1999


Signature of Notary Public State of Florida

AUDREY L. ZEMAN
Print Type or Stamp Name of Notary Public

Personally known to me

☒ Produced identification

Type of Identification