Requestor's Name
Address
City State 21P Phone

CORPORATION(S) NAME

W.P. Verifier

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SW	3B Inves	stment INC.
		99 OCT
Profit NonProfit	() Amendment	C) Merger CGE SIAI (C) Merger CRID 3
() Foreign () Limited Partnership () Reinstatement	() Dissolution () Annual Report () Reservation () Photo Copies	() Other () Change of Registered Agent () Certificate Under Seal
Certified Copy () Call When Ready Walk In () V	() Call if Problem	
Name Availability Document Examinar Updater Verifier Acknowledgment		PROCEIVED 99 OCT 29 MM IOI O I SIND DESTRICT STATE LLAMASSEE, FLORIDAS

ARTICLES OF INCORPORATION

(name of corporation)
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.
ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE I - CORPORATE NAME TO SO THE S
SWBB TNUTTHENT INC
ARTICLE II - DURATION ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
The corporation is authorized to issue
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:
NAME ANNELIZA AMSELLEM
ADDRESS 300 SW ISTAUT - SUITE 115
CITY FULT LIMOTROME FLORIDA FLA ZIP 333C/
The principal office, if known, or the mailing address of the corporation is:
NAME SWER INVOTITENT INC
ADDRESS 210 CW 15TM CHIEF MICHT

FLORIDA 🗲

	IITIAL BOARD OF DIRECTORS	
This corporation shall have((Laws, but shall never be less than	number of directors may be either none (1). The names and addresses
NAME ANNELIZA AM	TSELLEM	
ADDRESS 300 SW IST PUF	AVE	
CITY FUT LANDER DISZE	STATE FUR	ZIP 232//
NAME		
ADDRESS		
CITY .st	STATE	ZIP
NAME		12 T
ADDRESS		
CITY	STATE	ZIP
	g these Articles of Incorporation a	are as follows:
NAME ANNELIZA ATTS	ELLEM	are as follows:
ADDRESS 360 CW 1ST AVE	EUEM	are as follows:
ADDRESS 360 SW 1ST AVE CITY FORT LAMPTHANDE &	ELLEM STATE FUR	ZIP3 > 20/
ADDRESS 360 CW 1ST AVE	EUEM	ZIP3 > 2//
ADDRESS 360 CW 1ST AVE CITY FANT LAMPTHANDE &	ELLEM STATE FUM	ZIP3 > 20/
ADDRESS 360 SW 1ST ACCITY FORT LIGHT PURPLE &	EUEM	ZIP > ZIP
ADDRESS 360 CW 1ST AVE. CITY FAIT LIBRIDTAPAE F NAME ADDRESS CITY	ELLEM STATE FUM	ZIP3 >2//
ADDRESS 260 CW 1ST AVE CITY FAMT WAMPOR PARE ADDRESS CITY NAME	ELLEM STATE FUM	ZIP3 > ZIP

(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

SWBB INVESTIMAT INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named ANNELTA ATTSTEET STORY

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

X Junfige Smill
(registered agent)