

F14000003155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

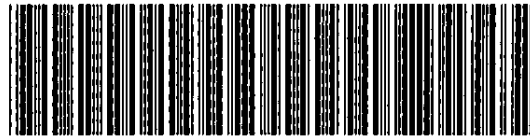
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600261235586

07/21/14--01050--002 **850.00

06/26/14--01014--006 **87.50

14 JUL 21 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-40399

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Leanswift Solutions Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Johan Axelsson
Name of Person

Leanswift Solutions Inc
Firm/Company

645 Classic Ct, suite 103
Address

Melbourne, FL 32940
City/State and Zip code

admin@leanswift.com, Johan. Axelsson@Leanswift.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Jiborn at (321) 474 3760
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

Delaware

PAGE 1

The First State

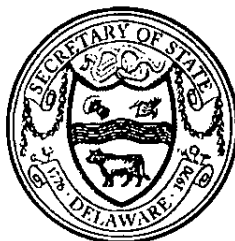
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEANSWIFT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2014.

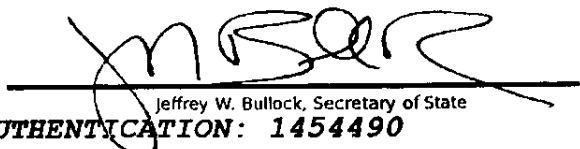
14 JUL 21 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4949087 8300

140796790

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1454490

DATE: 06-16-14

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LeanSwift Solutions Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 45-0610401
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 4, 2011 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 17, 2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 645 Classic Ct, suite 103
(Principal office address)

Melbourne FL 32940
(Current mailing address)

8. Computer/software programming / ERP integrations
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

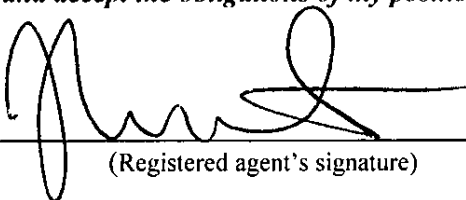
Name: Johan Axelsson

Office Address: 645 Classic Ct #103
Melbourne, Florida 32940
(City) (Zip code)

14 JUL 21 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X 
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Pauli Thevar (previously Pauli Panclatcharam)

Address: 645 Classic Ct, #103
Melbourne FL 32940

Vice Chairman: Johan Axelsson

Address: 645 Classic Ct #103
Melbourne FL 32940

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Johan Axelsson

Address: same as above

Vice President: Pauli Thevar

Address: same as above

Secretary: ~~Pauli Thevar~~

Address: _____

Treasurer: ~~Pauli Thevar~~

Address: _____

14 JUL 21 PM 3:49
SECRETARY
TALAHASSEE
FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. JOHAN AXELSSON

(Typed or printed name and capacity of person signing application)