

F15000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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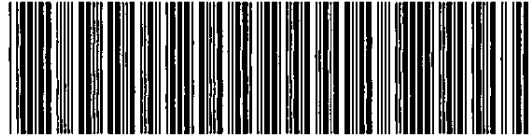
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 09 2015
J. HARRIS

20025 51M

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL K. SWIM, CONSULTING ENGINEER, 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:

CATHY MEECE

Name of Person

MICHAEL K. SWIM CONSULTING ENGINEER, INC

Firm/Company

18207 EDISON AVENUE

Address

CHESTERFIELD MO 63005

City/State and Zip code

CMEECE@SSCEENGINEERING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY MEECE

Name of Person

at (636)

Area Code

530-7770

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

CATHY MEECE
18207 EDISON AVENUE
CHESTERFIELD, MO 63005

SUBJECT: MICHAEL K. SWIM, CONSULTING ENGINEER, INC.
Ref. Number: W15000056088

We have received your document for MICHAEL K. SWIM, CONSULTING ENGINEER, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00017772

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. MICHAEL K. SWIM, CONSULTING ENGINEER, 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. MISSOURI 3. 43-1589825
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/15/1991 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 18207 EDISON AVENUE, CHESTERFIELD MO 63005
(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, FL 33324, Florida _____
(City) (Zip code)

9. 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.

By: _____

NRAI Services, Inc.

Wendy Rea
Vice President & Assistant Secretary

(Registered agent's signature)

10. 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.

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TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: JAMES C CORNETT

Address: 18207 EDISON AVENUE
CHESTERFIELD MO 63005

Vice Chairman: RICHARD KWIATKOWSKI

Address: SAME

Director: CHRISTIAN HULETT

Address: SAME

Director: JEFFREY HUETTENMEYER

Address: SAME

B. OFFICERS

President: JAMES C CORNETT

Address: 18207 EDISON AVENUE
CHESTERFIELD MO 63005

Vice President: RICHARD KWIATKOWSKI

Address: SAME

Secretary: BRIAN D. SCOTT

Address: SAME

Treasurer: _____

Address: _____

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JAMES CORNETT, PRESIDENT

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

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2015 SEP -4 PM 3:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

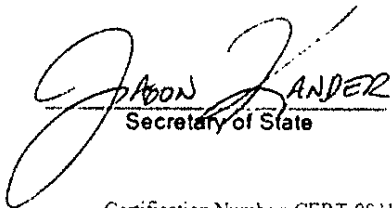
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MICHAEL K. SWIM, CONSULTING ENGINEER, INC.
00358368

was created under the laws of this State on the 15th day of October, 1991, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of August, 2015.


Secretary of State

Certification Number: CERT-08312015-0112

