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Special Instructions to F	iling Officer:	j
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S. ROBERTS JUN - 2 2023

COVER LETTER

ro:		ion of Corporations				
SURI	ECT:	ELYSIUM CONSTRUCTIO	N INC.			
50120	LC1.	Name	of corporati	on - mi	ust include suffix	
Dear S	Sir or M	adam:				
"Certif	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good St	anding	" and check are submitte	siness in Florida," ed to register the
Please	return	all correspondence concerni	ng this mat	ter to ti	ne following:	
ADRIA	AN MIE	DLETON, ESQ				
			Name	of Pers	on	
SWOR	RD & SI	HIELD LLC				
			Firm/Co	ompan	y	
1437 N	MARKE	TT ST				
			Ad	dress		
TALL	AHASS	EE, FL 32312				
			City/State	and Z	ip code	
BIZ@	SWORI	DANDSHIELD.COM				
		E-mail address	: (to be use	d for fi	iture annual report notifi	cation)
For fu	rther in	formation concerning this n	natter, pleas	e call:		
ADRI	AN MIL	DDLETON, ESQ	at (١,	815 0256	
	Nam	e of Person	Area C		Daytime Telephone	Number
	Regis Divis The C	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please	make cl	check for the following ammeck payable to: FLORIDA Ding Fee	EPARTME ig Fee &	□ \$7		\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

3. 82- hich it is incorporated) 5	(FEI number, if applicable)	
5		
	· · · · · · · · · · · · · · · · · · ·	
	(Date of duration, if other than perpetual	1)
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		123
(Current mailing ac	ddress, if different)	
•	ox <u>NOT</u> acceptable)	ئ آھ
MIDDLETON, P.A.		٠٠ ن
oT .	_	
	Florida 32312	
(City)	(Zip code)	
	(Current mailing as a registered agent: (P.O. B. MIDDLETON, P.A.) (City) (City) gent and to accept service are by accept the appointment ovisions of all statutes relations.	(Principal office street address) (Current mailing address, if different) a registered agent: (P.O. Box NOT acceptable) MIDDLETON, P.A. T. , Florida 32312

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

Chairman Name: CRAIG PLESCIA Chairman Name: CRAIG PLESCIA Chairman Name: CRAIG PLESCIA Chairman Name: CRAIG PLESCIA Chairman Address: CRAIG PLESCIA Chairman Address: CRAIG PLESCIA CRAI	
Director 315 WEST 39TH STREET, #705 Director President President President Vice President Vice President Secretary Treasurer Secretary Treasurer Other Other Other Chairman Name: Vice Chairman Address: Vice Chairman Address: Other Other Other Other	
Director	
□ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: President	
□ Secretary □ Treasurer □ Other	
□Other □Other □Other □Chairman Name: □Chairman □Vice Chairman Address: □Vice Chairman Address:	
□ Chairman Name: □ Chairman Name: □ Vice Chairman Address: □ Vice Chairman Address: □ Chairman Description	
□Vice Chairman Address: □Vice Chairman Address: □Vice Chairman Address: □	
□Vice Chairman Address: □Vice Chairman Address: □Vice Chairman Address: □	
Unirector Unirector	
☐ President ☐ Pre	
□ Vice President □ Vic	
Secretary Treasurer Secretary Treasurer	
□Chairman Name: □Chairman Name: □	
□Vice Chairman Address: □Vice Chairman Address:	
DirectorDirector	-
□ President □ President □ President	
□ Vice President □ Vic	
☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer	
□Other □Other □Other □Other	
Important Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindividuals may be added to the index when filing our Florida Department of State Annual Report form. 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 a she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provid s.817.155, F.S. CRAIG PLESCIA	ind that he or led for in

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Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELYSIUM CONSTRUCTION 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 TWENTY-THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELYSIUM CONSTRUCTION INC." WAS INCORPORATED ON THE FOURTH DAY OF OCTOBER,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203403113

Date: 05-23-23