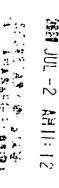
# F20000002984

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1JUL -6 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

**REFERENCE** : 341250-5

AUTHORIZATION

COST LIMIT : 6 78.75

ORDER DATE : 07/02/2020

ORDER TIME : 11:42 am

ORDER NO. : 341250-5

CUSTOMER NO: 4983A

### FOREIGN FILINGS

NAME: 2SWIM, INC.

_ <b>√</b> Qt	JALIFICAT:	CON (TYPE: <u>CO</u> )
PLEASE F	RETURN THI	FOLLOWING AS PROOF OF FILING:
<del>-</del>		O COPY AMPED COPY ATE OF GOOD STANDING
CONTACT	PERSON:	Amanda Robinson, ext 62968
		EXAMINER:

# **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	2SWIM, Inc.				
Sommer.	Na	me of corporation - i	nust include suffix		
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign f Existence," or "Certificed foreign corporation	cate of Good Standir	g" and check are subn		
Please return	all correspondence conc	erning this matter to	the following:		
Kevin McNab					
		Name of Pe	son		
Cozen O'Conn	or				
		Firm/Compa	ny		
1650 Market S	Street, Suite 2800				
		Address			
Philadelphia, l	PA 19103				
		City/State and	Zip code		
KMcNab@co					
	E-mail add	fress: (to be used for	future annual report no	otification)	
For further in	formation concerning th	is matter, please call	:		
Kevin	Kevin L. McNab 215 665-2117				
Nam	e of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		A DEPARTMENT OF Filing Fee &	F STATE 178.75 Filing Fee & Certified Copy	☐ \$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.

	orp," "Inc." "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)		
Delaware	3.	83-1483559		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
7/6/2018	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
10012 NW 7th St	., #214, Miami, FL 33172  (Principal offic	re <u>street</u> address)		
	(Current mailing	g address, if different)		
	et address of Florida registered agent: (P.O Corporation Service Company	Box NOT acceptable)		
Name:				
	1201 Hays Street	i lare		
ffice Address:	1201 Hays Succe			
ffice Address:	Tallahassee	Florida 32301		

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.

(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.

A. DIRECTORS				
□Chairman	Name: Mica Le John	□Chairman	Name:	lichael Taylor
□Vice Chairman	Address: 10012 NW 7th St., #214	□Vice Chairman	Address:	10012 NW 7th St., #214
□Director	Miami, F1, 33172	□Director	Miami,	FL 33172
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		Treasurer
Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐Secretary		□Treasurer
□ Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name: _	्रित्य : U व्या विक्री प्रमा
□Vice Chairman	Address:	□Vice Chairman	Address	
□Director		□Director		# N
□President		□President		(A) 30 (1)
□Vice President		□Vice President		<u> </u>
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other	<del></del>	□Other
individuals may b	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme  Muca Lijohn  Signature of Director of	nt of State Annual R	eport form	·
she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number also information submitted in a document to the Departion, President	ment of State constitu	nat the fact utes a third	s stated nerein are true and that he or degree felony as provided for in
13				<u> </u>

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "2SWIM, 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 FIRST DAY OF JULY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2SWIM, INC." WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2018.

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

Authentication: 203213005

Date: 07-01-20

6964846 8300 SR# 20206029845