09000001896

(Requestor's Name) (Address)	
(Address)	80015558
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	05/08/0901020-
(Document Number)	
Certified Copies Certificates of Status	



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Special Instructions to Filing Officer:

Old hame Swrie Jade Del Irc Reconcild FNG



COVER LETTER

	New Filing S Division of C					
SUBJE	CT:	Swire	Jade		سد must include su	
		(1)	Name of corp	oration -	must include su	ffix)
Dear Sir	or Madam:					
"Certific		nce," and check				ansact Business in Florida," ferenced foreign corporation to
Please re	turn all corre	espondence con	erning this n	natter to	the following:	
	E	SEVERLEY	\subset	ABBU	4	
		· · · · · · · · · · · · · · · · · · ·	(Nai	me of Pe	rson)	
	S	wire F	PEOPER	hes	Inc	
			(Fir	m/Compa	any)	
	5	soi Br	ickell	KEY	Drive.	Suite 600
			(Address)	
	1	Manu	Floa	lioa	331	31
					Zip code)	
		CARRY	•		ろ子!・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	38子子 lephone Number)
Enclosed	New Filing S Division of C Clifton Build 661 Executive Callahassee, I	orporations ing ve Center Circle FL 32301 or the following	;	□ \$7	New Filin Division of P.O. Box	of Corporations 6327 ee, FL 32314
~	J		ate of Status		ertified Copy	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.

1. Swice Jaleso (Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
	e name adopted for the purpose of transacting business in Florida)	
2. State or country under the law of which it is incorporated	d) (FEI number, if applicable)	
(Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6		
(Date first transacted bus (SEE SECTIONS 607.1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
	Deire Suite 600	
(Principal offi	ce address)	
Miani Flor	2(pa 33131	
(Current maili	ng address)	
8(Purpose(s) of corporation authorized in home stat	te or country to be carried out in state of Florida)	0
9. Name and street address of Florida registered agent	: (P.O. Box NOT acceptable)	09 MAY
	. 	8-44 A
Office Address: SOI BRICKETI Kon	Dr. Soute 600	
Hanci Fl.	DR. Scute 600 PSING (Zip code)	7:59
10. Baristand annut annut		

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.

(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:	Siethen L. Wens
Address:	501 Beiduer Key Deire Suite 600
-	Miami Cl. 33131
Vice Chairman:	GREGO E. TOLONO.
	501 Brickell Key Drive Suite 600
	Mianu Fl. 33131.
Director:	Cheistopher Gam Dolfo.
	501 Bricker (CEU DRIVE Suite 600
Address	Mani Fl. ; 33131
Director:	Maile Asula
	501 Beickell Key Drive Suite 600
Addiess	Mirmi FL. 33131.
B. OFFICER	
President:	Stephen L. Owens
Address:	501 Brichell Van Deire, Suite 600
	Miani Fe. 33131
Vice President:	GREGO E. Tolamb.
	SOI BRICIAN KEY DRIVE Soute 600
	Miani Fc. 33131.
Secretary:	STEPHEN L. OWENS.
	Soi Brickell Leu Deive, Suite 600, Miani FL 33131.
Treasurer:	GREGG E. TOLGAND
Address:	Soi Brickell Key Drive Sute 600 Minni Fl. 33131
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or directors.
13	
	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)
	(1) ped of printed name and adpased of person signing approachon)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWIRE JADECO 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-FOURTH DAY OF APRIL, A.D. 2009.

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Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 7265441

DATE: 04-24-09

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