# F10000005325

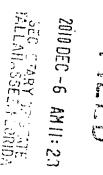
(Requestor's Name)
Address
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies ` Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400187265924

**400187**265924 12/01/10--01007--022 \*\*78.75



wib-sloves



December 2, 2010

DAVID A BEALE 55 SE 2ND AVE SUITE 301 DELRAY BEACH, FL 33444

SUBJECT: POWER SWABS CORPORATION

Ref. Number: W10000056025

We have received your document for POWER SWABS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the corrected original and one copy of your document, along with 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) 245-6929.

Letter Number: 910A00028060

Justin M Shivers Regulatory Specialist II New Filing Section

www.sunbiz.org

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: POWER SWABS C	CORPORATION
	corporation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	oration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the sact business in Florida.
Please return all correspondence concerning	this matter to the following:
DAVID A. BEALE	
	Name of Person
DAVID A. BEALE, P.A.	
	Firm/Company
55 S.E. 2nd Ave., Suite 301	•
	Address
Delray Beach, FL 33444	
C	ity/State and Zip code
martin@giniger.com	21 . A
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	o be used for future annual report notification)  er, please call:
	<u>(561</u> ) <u>243-1477</u>
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	t:
\$70.00 Filing Fee \$78.75 Filing Fe Certificate of S	tatus

# 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.

I. POWER SW					
(Enter name of	corporation; must include "INCORPORAT	ED,	" "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")				
<u></u>					<u></u>
(If name unavai	lable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busin	ess in Fl	orida)
OREGON		3.	26-1870217		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
February 4,	, 2008	5	Perpetual		
· · — · · · · · · · · · · · · · · · · ·	e of incorporation)	٥.	(Duration: Year corp. will cease to exist of	r "perpet	ual")
<b>5</b> .					
·	(Date first transacted busine	ss i	n Florida, if prior to registration)		
			502, F.S., to determine penalty liability)		
601 N. Cor	ngress Avenue, Suite 303, D	eli	ay Beach, FL 33445		
	(Principal office				
601 N. Co	ngress Avenue, Suite 303,	C	elray Beach, FL 33445		
	(Current mailing				
				$\geq$	201
Product de	e <u>velopment,</u> consultant sen	/ic	es within dental industry.	17.	zona ojec
(Purpose(	s) of corporation authorized in home state of	r cc	ountry to be carried out in state of Florida)	and the	3
). Name and stre	et address of Florida registered agent: (	P.C	). Box NOT acceptable)	137	9-
				· · · · · ·	-
Name:	David A. Beale				==
Office Address:	55 S.E. 2nd Avenue, Suite 30	<u>)1</u>			AH III: 24
	Delray Beach		, Florida 33444	7-7	Same
	(City)		(Zip code)		
			• •		

#### 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.

Donal A Broke
(Registered agent's signature)

<sup>11.</sup> 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: Jeffrey Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 Vice Chairman: Edith Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 Director: Martin Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 **B. OFFICERS** President: Jeffrey Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 Vice President: Edith Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 Secretary: Martin Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 Treasurer: Martin Giniger Address: 601 N. Congress Avenue, Suite 303, Delray Beach, FL 33445 NOTE: If necessary, you may attagh an addendum to the application listing additional officers and/or directors. Signapare 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. Martin Giniger, Secretary

#### **CERTIFICATE**

# State of Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### **POWER SWABS CORPORATION**

was

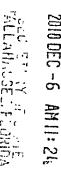
incorporated

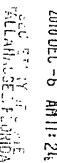
under the Oregon

**Business Corporation Act** 

February 4, 2008

and is active on the records of the Corporation Division as of the date of this certificate.







In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

Debra L. Virag November 18, 2010