# F13000003832

(Requestor's Name)						
(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

W13-44322



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SECRETARY OF STATE
FALLAHASSEE, FLORID.

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2013

DAVID SWEIGARD DAVID C. SWEIGARD, INC. 1930 FORBES ROAD ST. AUGUSTINE, FL 32092

SUBJECT: DAVID C. SWEIGARD, INC.

Ref. Number: W13000044322

We have received your document for DAVID C. SWEIGARD, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 413A00019041



www.sunbiz.org

Distriction of Compositions DO ROY 6297 Mollohassas Florida 39314

#### **COVER LETTER**

Division of Corporations
SUBJECT: David C. Sweigard, Inc.  Name of corporation - must include suffix
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:
DAVID SINCIANA
Name of Person
Davio C. Sweigard Inc.
,
1930 Forbs Road
Address
St. Augustine FL 32092 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kirstin Sweigard at (717) 599-1128  Name of Person Area Code & Daytime Telephone Number
Name of Ferson 5 Area code & Baytime Felephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton 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:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	PEIGN CORPORATION TO THE	RANSACT BUSIN			
	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	TGAKD	MPANY," "CORPORA	TION,"	
					-
0	ble in Florida, enter alternate corp	porate name adopte	d for the purpose of trans	sacting business in Florida)	
	MUANUA it is incorp	3	(FEI number, i	150	<u> </u>
(State of country)	1/2007	,	Decort	applicable)	
4(Date	of incorporation)	5 5	ation: Year corp. will ce	ase to exist or "perpetual")	_
6.	۷	1/1/2013	•		
	(Date first transactor) (SEE SECTIONS 607.13		la, if prior to registration S., to determine penalty		_
7/930	Forbes Road (Princip.	St. Augal office address)	ructine, FL	32092	_
	Sam	ne			
toda. •	(Current	mailing address)	, , , , , , , , , , , , , , , , , , ,		
	wance SALES				_
(Purpose(s	of corporation authorized in hon	ne state or country t	o be carried out in state of	of Florida)	
9. Name and stree	t address of Florida registered	agent: (P.O. Box	NOT acceptable)	3 SI	and i
Name:	DAVID SWELL	and		HA A	WENTER AND
Office Address:	1930 Forbes 1	Coul		SSET A	
	A. A. Carlot		51 : 22092	or s	
	$\frac{1}{2} \frac{1}{2} \frac{1}$		(Zip code)	TATE	f. I
10. <b>Registered as</b>	ent's acceptance:			A O	
Having been nam	ed as registered agent and to	accept service of	process for the above	stated corporation at the	e place
further agree to co	application, I hereby accept to comply with the provisions of a	ill statutes relativ	e to the proper and co	omplete performance of i	pacity. I mv
duties, and I am f	amiliar with and accept the ol	bligations of my p	position as registered	agent.	
	Darus	WM			
	(Register	red agont's signatur	e)	- The About	
11. Attached is a	certificate of existence duly au	thenticated, not n	nore than 90 days prior	r to delivery of this appli	cation 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: Augustine FL 32092 Vice Chairman: Address: Address: \_\_ **B. OFFICERS** Address: FL 32092 Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature 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. DAVID SWETEARD President (Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**JULY 30, 2013** 

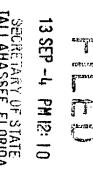
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

David C. Sweigard, Inc.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care aille

Certification Number: 11236736-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp