

F1500001935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

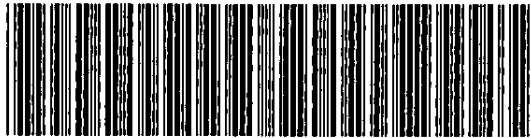
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800272137528

04/30/15--01013--001 **70.00

FILED
15 APR 30 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 6 2015
S. GILBERT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PrestoMarine of Sweden Inc

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:

Ann-Louise De Voe

Name of Person

PrestoMarine of Sweden Inc

Firm/Company

5640 Lotus Ct

Address

Grove City, OH 43123

City/State and Zip code

ann-louise@prestomarine.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann-Louise De Voe

Name of Person

at (614) 400-6396

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:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 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.

1. **PrestoMarine of Sweden Inc**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Ohio** 3. **47-2458706**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **Nov 4th, 2014** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **5640 Lotus Ct, Grove City, OH 43123**
(Principal office address)

5640 Lotus Ct, Grove City, OH 43123
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Randy Abraham**

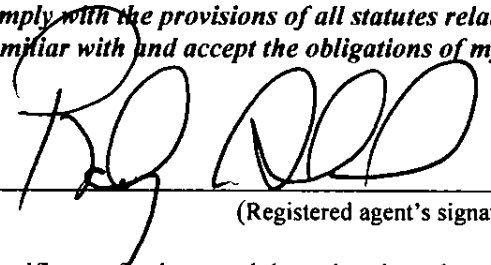
Office Address: **28163 Islet Trail**

Bonita Springs, Florida **34135**
(City) (Zip code)

FILED
15 APR 30 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mikael Johansson

Address: Boriken 233
93199 SKELLEFTEÅ SWEDEN

Vice President: _____

Address: _____

Secretary: Monica Hedlund

Address: Södergatan 44, 93162 SKELLEFTEÅ SWEDEN

Treasurer: Monica Hedlund

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Monica Hedlund

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.

13. Monica Hedlund

(Typed or printed name and capacity of person signing application)

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRESTOMARINE OF SWEDEN, INC., an Ohio a Corporation, Charter No. 2340632, having its principal location in Grove City, County of Franklin, was incorporated on November 04, 2014, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of March, A.D. 2015.

Jon Husted

Ohio Secretary of State