FILOCOO348

(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



600281364346

2016 JAN 25 A 9: 09
LEGGETARY OF STATE
ANASSEF ET ORIDA

DEPARTMENT OF STATE

JAN 26 2016

8 MASON

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 970081 5011226

AUTHORIZATION : Spelle Real

COST LIMIT : '\$' 7.0'.00

ORDER DATE: January 25, 2016

ORDER TIME : 11:41 AM

ORDER NO. : 970081-005

CUSTOMER NO: 5011226

FOREIGN FILINGS

NAME: SWIFT SHOPPER INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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.	Swift Shopper Inc.						
	(Enter name of corporation; must include "INCORPORA" Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ATED,	" "COMPANY,"	"CORPORATIO	","		
	(If name unavailable in Florida, enter alternate corporate	name	adopted for the p	ourpose of transact	ting business in Flor	rida)	
2.	Delaware	3.	81-0721532				
	(State or country under the law of which it is incorporate	ted)		(FEI number, if	applicable)		
4.	11-24-15	5.	·				
	(Date of incorporation)		(Date	of duration, if oth	er than perpetual)		
6.	upon qualification						
	(Date first transacted bus (SEE SECTIONS 607.1501 &				nility)		
7.	274 East Eau Gallie #370, Indian Harbour Be			positivy suc			
		(Princi	pal office address	s)	2016 ALC		
	same				AND R	# HERE	
	(Curren	t maili	ing address, if dif	ferent)	N 25 TARY		
8.	Name and street address of Florida registered agen	it: (P.	O. Box NOT a	cceptable)	m ⁰ >		
	Name: Naomi Elizabeth Wilson				A 9: 09 F STATE FLORIDA	Û	
o	ffice Address: 274 East Eau Gallie #370				PA O		
	Indian Harbour Beach		, Flo r ida	32937			
	(City)			(Zip code)			

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: David J. Shimmon
Address: 274 East Eau Gallie #370
Indian Harbour Beach, FL 32937
Director: Naomi Elizabeth Wilson
Address: 274 East Eau Gallie #370
Indian Harbour Beach, FL 32937
Director:
Address:
Director:
Address:
SA 2 -
B. OFFICERS
President/CEO/Treasurer: Naomi Elizabeth Wilson
Address: 274 East Eau Gallie #370
Indian Harbour Beach, FL 32937
Vice President:
Address:
Secretary/ Chief Operating Officer: Todd Komanetsky
Address: 274 East Eau Gallie #370, Indian Harbour Beach, FL 32937
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Maoni E Milson
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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 Naomi Elizabeth Wilson, CEO/President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SWIFT SHOPPER 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-FIFTH DAY OF JANUARY, A.D.

2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWIFT SHOPPER INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 201721310

Date: 01-25-16

5880823 8300 SR# 20160373872