

29 FEB 2016 13:58 3884187 Harry B. Marshall, Jr. p.01
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.

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H160000519323ABC.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: maxwell.minch@gray-robinson.com

FILED
2016 FEB 29 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Liteswap Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

[Handwritten signature]

REC'D
2016 FEB 29 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** LiteSwap, 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:

Maxwell Minch

Name of Person

Gray Robinson PA

Firm/Company

720 SW 2nd Ave, Suite 106

Address

Gainesville, FL 32601

City/State and Zip code

maxwell.minch@gray-robinson.com

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

For further information concerning this matter, please call:

Maxwell Minch

352

372-9269

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**MAILING ADDRESS:**Registration 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

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

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*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. LiteSwap, Inc.

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

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

Delaware

47-4454264

2. _____
(State or country under the law of which it is incorporated)

3. _____
(FBI number, if applicable)

4. June 29, 2015
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

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

3338 NW 110th Terrace, Gainesville, FL 32606

7. _____
(Principal office address)

3338 NW 110th Terrace, Gainesville, FL 32606

(Current mailing address, if different)

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

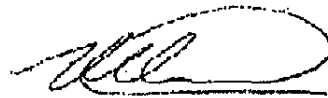
Name: Gray Robinson, PA
ATTN: Maxwell Minch

Office Address: 720 SW 2nd Ave, Suite 106

Gainesville, Florida 32601
(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.

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

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A. DIRECTORS

Chairman: Julie Johnson

Address: 3338 NW 110th Terrace, Gainesville, FL 32606

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Julie Johnson

Address: 3338 NW 110th Terrace, Gainesville, FL 32606

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Julie Johnson

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. Julie Johnson

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

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Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LITESWAP, 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-SIXTH DAY OF FEBRUARY, 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 "LITESWAP, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2015.

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

FILED
2016 FEB 29 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



5777022 8300

SR# 20161217701

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 201894977

Date: 02-26-16

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