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

Office Use Only



800290930048

11/03/16--01012--015 **/0.00

T WASHINGTON NOV 0 4 2016

COVER LETTER

TO:	O: Registration Section Division of Corporations					
	The Swen Group, Inc.					
SUB.	JECT:					
	N	ame of corporation	- must include suffix			
Dear	Sir or Madam:					
The e "Certi	nclosed "Application by Foreigificate of Existence," or "Certical referenced foreign corporation	gn Corporation for ficate of Good Star not to transact busine	Authorization to Transading and check are subsets in Florida.	ct Business in Florida," emitted to register the		
Please Eli Lij	e return all correspondence cor pnik	ncerning this matter	to the following:			
		Name of	Person			
4824	Citrus Way	Firm/Con	npany			
Coope	er City, FL 33330	Addr	ess			
eli@s	wengroup.us	City/State a	and Zip code			
	E-mail ac	dress: (to be used	for future annual report	notification)		
For fi	urther information concerning	this matter, please	call:			
Vince Ravine		818 at (776-0082	,		
	Name of Person	Area Coo	le Daytime Telep	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301		Registration 9 Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	osed is a check for the following	ig amount:				
β ν\$.		Filing Fee & Cicate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &		

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. The Swen Group, Inc. 1. (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) 47-4503377 California (FEI number, if applicable) (State or country under the law of which it is incorporated) 06/05/2015 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5120 Gloria Ave, Encino, CA 91436 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Eli Lipnik Name: 4824 Citrus Way Office Address: Cooper City (City) 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: Eli Lipnik Director: 5120 Gloria Ave, Encino, CA 91436 Address: Bonnie Lipnik Director: _ Address: ___ B. OFFICERS Eli Lipnik President: 5120 Gloria Ave, Encino, CA 91436 Address: ___ Vice President: Bonnie Lipnik Secretary: 5120 Gloria Ave, Encino, CA 91436 Address: _ Eli Lipnik Treasurer: 5120 Gloria Ave, Encino, CA 91436 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. _____ 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. Eli Lipnik

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THE SWEN GROUP, INC.

FILE NUMBER:

C3794979

FORMATION DATE:

06/05/2015

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

SEGNOLARY OF STATE ALL AND ASSESSED, PLOCADO.

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 17, 2016.

ALEX PADILLA Secretary of State