11/13/2017

Division of Corporations



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(((H17000299144 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number : 076077000355

Phone : (813)223-7000 : (813)229-4133 Fax Number

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

Email Address: MKohen@CARHONS

FOREIGN PROFIT/NONPROFIT CORPORATION EXCHANGE VENTURE, INC.

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COVER LETTER

	istration Section sion of Corporations
SUBJECT	EXCHANGE VENTURE, INC.
	Name of corporation - must include suffix
Dear Sir or l	
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business in Florida," of Existence," or "Certificate of Good Standing" and check are submitted to register the enced foreign corporation to transact business in Florida.
Please return	n all correspondence concerning this matter to the following:
MARGA	RET O'DONNELL RYDER
	Name of Person
CARLTO	N FIELDS JORDEN BURT, PA
	Firm/Company
100 SE	SECOND STREET, SUITE 1402, MIAMI, FLORIDA 33131
	Address
	·
	City/State and Zip code
mkohen@	carltonfields.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
Margare	t O'D Ryder at (305) 539-7240
	ne of Person Area Code Daytime Telephone Number
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building di Executive Center Circle dahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314
Enclosed is	a check for the following amount:
☐ \$70.00 H	Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate n	ame adopted for the purpose of transacting bu	siness in Florida)
		382-3169174	·
(State or count	y under the law of which it is incorporated	f) (FEI number, if applica	•
(Date of incorporation) (Date of duration, if other than perpe		perpetual)	
6. <u>Upon qualii</u>	Chare first transacted busine	ess in Fluida, if prier to registration) 07.1502, F.S., to determine penalty liability)	
7. 422 NE 29TH 5	STREET, MIAMI, FLORIDA 33137		
	(P)	incipal office address)	<u> </u>
	(Current :	nailing address, if different)	
8. Name and stre	et addicess of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	
Name	CF REGISTERED AGENT, INC.		
Office Address:	100 S ASELLEY DRIVE, SUITE 400		• • •
	TAMPA (City)	, Florida 33602 (Zip code)	. . .
Having been nan designated in this further agree to d duties, and I am	s application, I hereby accept the opportunity of all state	service of process for the above stated co- olithment as registered agent and agree to the relative to the proper and complete p ons of my position as registered agent. 1 Florida Corporation cred agent's signature) Authorized Agent	erformance of my

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 Secretory 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: MARSHALL SWATT		
Address: 122 NE 20TH STREET		
MIAMI, FLORIDA 33137		
Director:		
Address:		
B. OFFICERS		
/ Secretary, Treasurer & Chief Executive Officer President MARSHALL SWATT		<u></u>
Address: 422 NE 29TH STREET		
MIAMI, FLORIDA 33137		
Vice President:		
Address:		
Scoreliny'	• •	سئـــــ
Address:		
Treasmer:	· 	ب
Addiess:		
NOTE: Meccessary, you pay attach an addendum to the application listing additional officers an	d/or directors.	-
Signature of Director or Officer	he facts stated her	cin
Signature of Director of Office: The officer or director signing this document (and who is listed in number 1) above) affirms that the area true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817 155, F.S.	int of State constit	utes
13. MARSHALL SWATT DIRECTOR & PRESIDENT (Typed or printed name and capacity of person signing application)		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXCHANGE VENTURE, 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXCHANGE VENTURE, INC." WAS INCORPORATED ON THE TENTH DAY OF AUGUST, A.D. 2017.

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

2.3

Authentication: 203559712

Date: 11-13-17