

F18000002053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

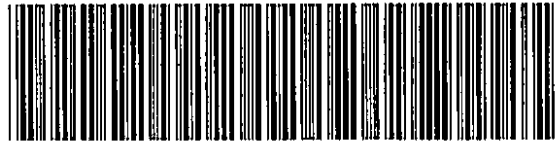
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/18--01019--028 **87.50

2018 MAY -1 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Connolly, Hillyer & Ong, Inc.

201 North Main Street · PO Box 272
Uhrichsville, Ohio 44683
740-922-4161 · 740-922-2229 (Fax)
hillyerlaw@hillyerlawoffice.com

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

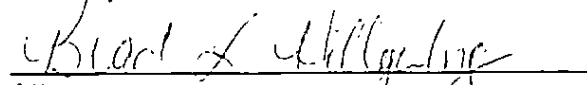
DATE: April 25, 2018

RE: Swizz Style, Inc.

ENC: Application for Foreign Corp. for
Authorization to Transact Business
In Florida/Certificate of Good Standing

-
- ☐ The enclosed is for your information and files.
- ☐ Please sign the enclosed and return it to this office for filing.
- ☒ Please file the enclosed on our behalf and return 2 copies to me.**
- ☒ A self-addressed stamped envelope is enclosed.**
- ☒ Our check in the amount of \$87.50 is enclosed.**
- ☐ For your further handling.
- ☐ Your papers are here at the office ready for your signature.
- ☐ Please review and contact the office for an appointment.
- ☐ Please contact the office for an appointment.
- ☐ This is notification of the hearing scheduled for _____ at _____.m. at the
_____ Court. Please meet me at the Court approximately fifteen minutes before
the hearing time.

Thank you,



Attorney

COVER LETTER

TO: Registration Section
Division of Corporations
SWIZZ STYLE, INC.

SUBJECT: _____
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:
Brad L. Hillyer

_____	Name of Person
Connolly, Hillyer & Ong, Inc.	
_____	Firm/Company
201 N. Main Street, PO Box 272	
_____	Address
Uhrichsville, Ohio 44683	
_____	City/State and Zip code
hillyerlaw@hillyerlawoffice.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad L. Hillyer	740	922-4161
_____	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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

Swizz Style, 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)
Ohio 02-0789917

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
September 14, 2006

4. _____ 5. _____
(Date of incorporation) (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)
790 South Military Trail, Deerfield Beach, FL 33442

7. _____
(Principal office address)

(Current mailing address, if different)

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

Jurg Banziger

Name:

790 Military Trail

Office Address:

Deerfield Beach,

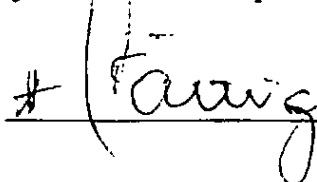
(City)

, Florida 33442

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jurg Banziger

Address: 2410 NE 44th Court, Lighthouse Point, Florida 33064

Director: Susannah Sahrman

Address: 2410 NE 44th Court, Lighthouse Point, Florida 33064

B. OFFICERS

President: Jurg Banziger

Address: 2410 NE 44th Court, Lighthouse Point, Florida 33064

Vice President: _____

Address: _____

Secretary: Susannah Sahrman

Address: 2410 NE 44th Court, Lighthouse Point, Florida 33064

Treasurer: Jurg Banziger

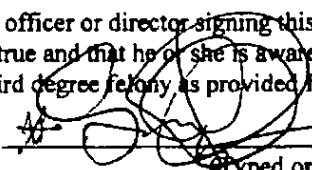
Address: 2410 NE 44th Court, Lighthouse Point, Florida 33064

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.

13.  _____

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

FILED
2010 MAR - 1 PM 1:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 SWIZZ STYLE, INC., an Ohio corporation, Charter No. 1647990, having its principal location in Newcomerstown, County of Tuscarawas, was incorporated on September 14, 2006 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 24th day of April, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201811401450

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

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Ohio Secretary of State

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