

FILED 000004430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

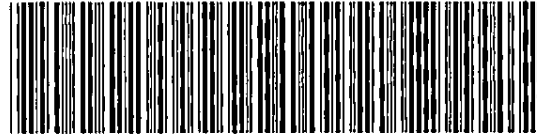
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED STATE  
DEPARTMENT OF STATE  
SEP 11 AM 10 26  
PA 3-48

9/25/05

11151617



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2018

CT CORP

SUBJECT: SWOOP INC.  
Ref. Number: W18000081373

9/24/18  
Corrected. Please  
allow for original  
file date if possible.  
Thanks!

We have received your document for SWOOP INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L09000071209.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 418A00019157

16 SEP 24 PM 3:33

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: ~~9/11/2018~~ 9/13/18

Acc#120160000072

*mic DW*

Name:	Swoop Inc.
Document #:	
Order #:	11151617

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70.75

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Swoop 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:

Silvana Rossi-Lindsay

Name of Person

Burnet, Duckworth & Palmer LLP

Firm/Company

Suite 2400, 525 8th Avenue SW

Address

Calgary, Alberta, Canada T2P 1G1

City/State and Zip code

srlindsay@bdplaw.com

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

For further information concerning this matter, please call:

Silvana Rossi-Lindsay

at (403) 806.7876

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

**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. Swoop Inc.  
(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)
2. Alberta, Canada 3. 98-1435648  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 22, 2017 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)
7. 22 Aerial Place NE, Calgary, Alberta, Canada T2E 3J1  
(Principal office address)
- c/o Suite 2400, 525 8th Avenue SW, Calgary, Alberta, Canada T2P 1G1  
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System

By: James M. Halpin James M. Halpin  
Assistant Secretary  
(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: \_\_\_\_\_

✓Director: Harry Taylor

Address: 22 Aerial Place NE

Calgary, Alberta, Canada T2E 3J1

✓Director: Edward Sims

Address: 22 Aerial Place NE

Calgary, Alberta, Canada T2E 3J1

**B. OFFICERS**

President: Steven Greenway

Address: 22 Aerial Place NE

Calgary, Alberta, Canada T2E 3J1

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

✓Secretary: Barbara Munroe

Address: 22 Aerial Place NE, Calgary, Alberta, Canada T2E 3J1

✓Treasurer: Harry Taylor

Address: 22 Aerial Place NE, Calgary, Alberta, Canada T2E 3J1

**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. Barbara Munroe, Corporate Secretary of Swoop Inc.

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

**Government  
of Alberta ■**

Corporate Access Number

2020319733

## **CERTIFICATE OF STATUS**

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE  
REGISTRY

SWOOP INC.  
INCORPORATED IN ALBERTA ON 2017/03/22  
IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

SEP 11 AM 11:26

DATED: 2018/09/11

