

F18000005636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

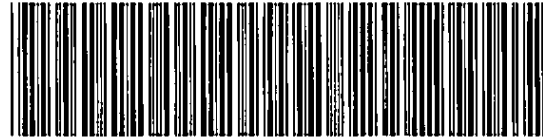
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-103129
RA, RO, RS

Office Use Only



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11/07/18--01017--010 **78.75

2018 DEC -7 AM 8:00
RECEIVED
FILING OFFICE
STATE OF NEW YORK

M. MILLIGAN

DEC 10 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2018

KATHLEEN O'NEIL
STANDING WAVE REFORMERS, INC.
12808 SW 2ND PLACE
NEWBERRY, FL 32669

SUBJECT: STANDING WAVE REFORMERS, INC.
Ref. Number: W18000103129

Re-Submitting
with Registered Agent
designation and
Signature

We have received your document for STANDING WAVE REFORMERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 618A00024321

Dir. of Corporations -

P.O. 6727
Tallahassee 32314

2661 Exec. Ctr. Circle
Tallahassee
Clifton Bldg
Tallahassee 32301

7-10 days by
the nearest...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Standing Wave Reformers, 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:

Kathleen O'Neil

Name of Person

Standing Wave Reformers, Inc.

Firm/Company

12808 SW 2nd Place

Address

Newberry, FL 32669

City/State and Zip code

Kathleen.ONeil@StandingWaveReformers.com

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

For further information concerning this matter, please call:

Kathleen O'Neil

407

697-6794

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

Standing Wave Reformers, 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)

Delaware ✓

EIN: 82-1817799

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

10 April 2017

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)

12808 SW 2nd Place Newberry, FL 32669

7. _____
(Principal office address)

(Current mailing address, if different)

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


Name: Kathleen O'Neil

Office Address: 12808 SW 2nd Place

Newberry, Florida 32669
(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.

2018 DEC -7 AM 8:50
SECRETARY OF STATE
STATE OF FLORIDA

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

A. DIRECTORS

Chairman: Jamie Grooms

Address: 6565 NW 81st Blvd
Gainesville, FL 32653

Vice Chairman: Scott Davidson

Address: 8300 Greensborough Dr. Suite 500
McLean, VA 22102-3661

Director: Robert Kielb

Address: 1909 SW 44 Ave.
Gainesville, FL 32608

Director: Kathleen O'Neil

Address: 12808 SW 2nd Place
Newberry, FL 32669

B. OFFICERS

President: Kathleen O'Neil

Address: 12808 SW 2nd Place
Newberry, FL 32669

Vice President: _____

Address: _____

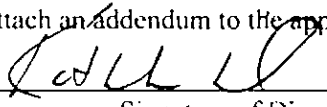
Secretary: Kathleen O'Neil

Address: 12808 SW 2nd Place Newberry FL 32669

Treasurer: Kathleen O'Neil

Address: 12808 SW 2nd Place Newberry, FL

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. Kathleen O'Neil

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

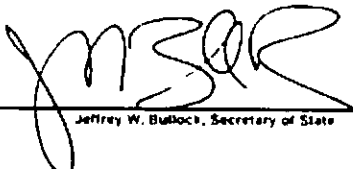
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SECRET
STATE
BRIN

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STANDING WAVE REFORMERS, 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-NINTH DAY OF OCTOBER, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

6375839 8300

SR# 20187344793

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203694452

Date: 10-29-18