F19000002484

(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:
Mr. Nas requested that I add "." after CORP

Office Use Only

600328433226

05/06/19--01015--028 **70.00

23 4: ...

B KINSEY

MAY 30 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2019

GHINSLAIN NOS
990 BISCAYNE BLVD., OFFICE 701
MIAMI, FL 33132

SUBJECT: SWIMS AMERICA CORP
Ref. Number: W19000046758

We have received your document for SWIMS AMERICA CORP and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00009605

Dear all,
In response, please find
- certificat of incporation
- certificate of good standing recent
- last franchise Tax that show the directors and offic

Best regards

Ghinslain NOS

RECEIVED
MAY 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations
SWIMS AMERICA CORP

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:
GHISLAIN NOS
_____
Name of Person

JADE FIDUCIAL INC
_____
Firm/Company

990 BISCAYNE BLVD, OFFICE 701
_____
Address

MIAMI, FLORIDA, 33132
_____
City/State and Zip code

CONTACTMIA@JADE-FIDUCIAL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GHISLAIN NOS at (305) 57902220
_____ _____ _____
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. SWIMS AMERICA CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

SWIMS FLORIDA CORP
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. 371915833
(FEI number, if applicable)

4. 11/07/2018
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. February 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 990 Biscayne Blvd, office 701, 33132 Miami
(Principal office address)

_____
(Current mailing address, if different)

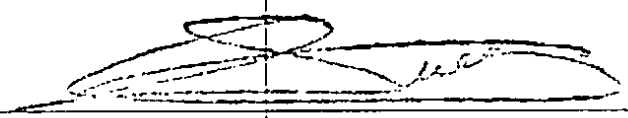
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FIDUCIAL JADE INC

Office Address: 990 BISCAYNE BLVD OFFICE 701

MIAMI , Florida 33132
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: LEBAS, PIERRE

Address: 990 BISCAYNE BLVD, OFFICE 701, 33132 MIAMI

Director: BUEE , CHRISTOPHE

Address: 990 BISCAYNE BLVD, OFFICE 701, 33132 MIAMI

B. OFFICERS

President: LEBAS, PIERRE (PRESIDENT)

Address: 990 BISCAYNE BLVD, OFFICE 701, 33132 MIAMI

Vice President: _____

Address: _____

Secretary: BUEE, CHRISTOPHE, (C.E.O)

Address: 990 BISCAYNE BLVD, OFFICE 701, 33132 MIAMI

Treasurer: _____

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.

13. Pierre LEBAS, PRESIDENT
PIERRE LEBAS, PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

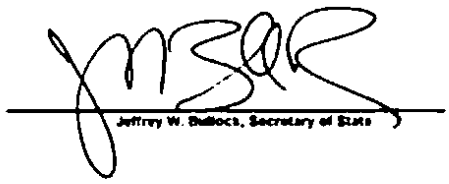
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWIMS AMERICA CORP." 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-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWIMS AMERICA CORP." WAS INCORPORATED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2018.

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



7136884 8300

SR# 20194263003

Authentication: 202867102

Date: 05-21-19

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