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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE



COVER LETTER

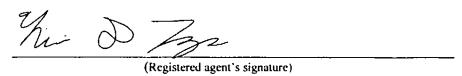
	stration Section ion of Corporations			
SUBJECT:	Krima, Inc.			
oobone i.	N	ame of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o		ficate of Good Stan	Authorization to Transanding" and check are subsets in Florida.	
Please return	all correspondence cor	ncerning this matter	r to the following:	7A S
Yianni Lagos				1201 ECC
•		Name of	Person	2020 FEB SECRE A ALLAHA
Krima, Inc.				ASS ASS
		Firm/Con	npany	
225 W Hiawat	ha St.			PH 2:
	*******	Addr	ess	:25
Tampa, FL 330	604			Ъ
		City/State a	nd Zip code	
yianni@lagosg	groups.com			
	E-mail ac	ldress: (to be used	for future annual report i	notification)
For further in	formation concerning t	his matter, please o	call:	
Yianni Lagos		at (⁹³⁷	215-8371	
Nam	e of Person	Area Cod	e Daytime Telep	hone Number
Regis Divis The C 2415	EET/COURIER ADD stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
		DA DEPARTMENT	OF STATE \$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.

	orporation; must include "INCORPORA'I orp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"	
Swan Investme	nts, Inc.			
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Flo	orida)
2. Ohio		3	31-1633342	
(State or count	y under the law of which it is incorporated		(FEI number, if applicable)?	
4. <u>10/26/1998</u>		5.		
(Date	of incorporation)		(Date of duration, if other than perpetual)	
6.			SSE 3	اً دَ
7. 750 Shrine Road	Springfield, OH 45504 (Principa	l of	ce <u>street</u> address)	ب <u>ب</u>
	(Current n	naili	g address, if different)	 .
8. Name and stre	(Current met address of Florida registered agent:			- -
8. Name and stre Name:				
	et address of Florida registered agent:			
Name:	et address of Florida registered agent: Yianni Lagos			

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.



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.

A. DIRECTORS Yianni Lagos Argeri Lagos Name: □ Chairman Name: □ Chairman 225 W Hiawatha St. 1013 Perry St. ☐Vice Chairman □Vice Chairman Address: Address: _ Columbus, OH 43201 Tampa, FL 33604 □ Director Director President President ■Vice President □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer ☐()ther_____ □Other _____ Other _____ □ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: _____ ■ Vice Chairman Address: __ □ Director □ Director President ☐ President □Vice President ☐Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other ____ Other □ Other Chairman Name: _____ ☐ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director Director ☐ President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □Other ____ ☐ Other _____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Vice President

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

I, Frank LaRose, 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 KRIMA, INC., an Ohio corporation, Charter No. 1039141, having its principal location in Sringfield, County of Clark, was incorporated on October 26, 1998 and is currently in GOOD STANDING upon the records of this office.

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SECRE LARY OF STATE

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of February, A.D. 2020.

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Ohio Secretary of State

Validation Number: 202004204786