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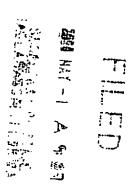
(1	Requestor's Name)				
(,	Address)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

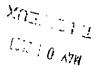
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WALK IN

	CERTIFIED COPY		
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	WIFT PAWS, INC.	-	
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: SWIFT PAWS, INC.	1					
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corpo" Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standi					
Please return all correspondence concerning	this matter to	the following:				
MARK INGRAM						
	Name of Pe	rson				
CORRIDOR LEGAL						
	Firm/Compa	ny				
7777 N. WICKHAM ROAD, STE. 12, #417						
	Address					
MELBOURNE, FL 32940						
	City/State and	Zip code				
mingram@corridorlegal.net						
E-mail address: (t	o be used for	future annual report notification)				
For further information concerning this matt	er, please cal	:				
MARK INGRAM at (321)		252-9274				
Name of Person	Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amoun Please make check payable to: FLORIDA DEP/ \$70.00 Filing Fee \$78.75 Filing F Certificate of S	ARTMENT O	F STATE 78.75 Filing Fee & S87.50 Filing Fee. Certified Copy 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.

 DELAWARE 		adopted for the purpose of transa-46-0675286	ettiig business iii i loitua)
2. (State or accept	y under the law of which it is incorporated)	(FEI number, in	f applicable)
1,	of incorporation) 5.	(Date of duration, if oth	ner than perpetual)
6.			
	MELBOURNE, FL 32901 (Principal offities, MALABAR, FL 32950	ice <u>street</u> address)	
	(Current mailir	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C MEGHAN WOLFGRAM	D. Box <u>NOT</u> acceptable)	HAY -
Office Address:	2955 LETT LANE		
	MALABAR	32950	स्थान स
		. Florida	

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.

Meghan Wolfgram
(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.

A. DIRECTORS MEGHAN WOLFGRAM □Chairman □Chairman Name: 2955 LETT LANE Address: □ Vice Chairman Address: □Vice Chairman MALABAR, FL 32950 ■ Director □ Director President □President ■ Vice President □ Vice President Treasurer □Treasurer ■ Secretary □ Secretary 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 Name: Name: ____ □ Chairman Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □President □Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □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. 12. <u>Meghan Wolfgram</u> Sign 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. MEGHAN WOLFGRAM, DIRECTOR

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SWIFT PAWS, 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 FIRST DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWIFT PAWS, INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 2020.

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

at corp delaware gov/auth

Authentication: 202859291

Date: 05-01-20