

F21000006279

(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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10-27-21

Office Use Only



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10/08/21--01032--015 **70.00

2021 OCT 27 PM 1:35
FBI - NEW YORK

FILE

NOV -2 2021

M. SOLOMON

Swift Exotic Rentals Inc

111 TOWN SQUARE PL STE 1203
JERSEY CITY NJ 07310

Email: ashenterprisesllc@gmail.com

Phone Number: 347-255-9641

October 25, 2021

To whom it may concern:

In response to Letter Number 721A00025338, we had intended to file a foreign and not a Florida "Inc., business. We originally submitted the application online with the \$70.00 electronic payment and then immediately called to cancel the Florida "Inc., application. We have since received a refund of the filing fee. We are responding to the letter to release the name as a Florida Foreign Business.

If you have any additional questions, please feel free to contact the office. Thanks and have a great day!

Best Regards,


Allen Hightower

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11.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWIFT EXOTIC RENTALS INC. DBA BLUESTREET EXOTICS

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:

JOSEPH M O'HARA

Name of Person

O'HARA AND COMPANY

Firm/Company

812 HALLOCK AVE

Address

PORT JEFFERSON STATION, NY 11776

City/State and Zip code

JOE@OHARAEA.COM

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

For further information concerning this matter, please call:

JOSEPH M O'HARA

at (631) 403-4283

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 amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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FILED

**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. SWIFT EXOTIC RENTALS 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. NEW JERSEY

3. 85-0944608

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

(FBI number, if applicable)

4. 05/06/2020

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

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

7. 2129 NW 135TH AVE, MIAMI, FL 33182

(Principal office street address)

1 SPRINGMEADOW DR, KINGS PARK, NY 11754

(Current mailing address, if different)

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

Name: ABRAHAM CLASS

Office Address: 8079 NW 108TH PL

DORAL

(City)

, Florida 33178

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS

☐ Chairman Name: ALLEN HIGHTOWER
☐ Vice Chairman Address: 1611 BRIGHTSHORE BLVD
☐ Director BAYSHORE, NY 11706
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

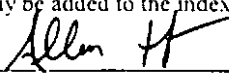
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

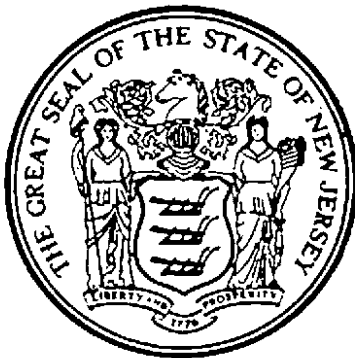
**SWIFT EXOTIC RENTALS INC
0450487428**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 06, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2021

I further certify that the registered agent and office are:

**ARTURO PEREZ
111 TOWN SQUARE PLACE
SUITE 1203
JERSEY CITY, NJ 07310**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of September, 2021*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6123612670

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2021

JOSEPH M O'HARA
O'HARA AND COMPANY
812 HALLOCK AVE
PORT JEFFERSON STATION, NY 11776

SUBJECT: SWIFT EXOTIC RENTALS INC.
Ref. Number: W21000138009

We have received your document for SWIFT EXOTIC RENTALS INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a Florida "Inc" that was rejected. If you intended to file a Foreign and not a Florida "Inc" then please send a signed letter indicating and to release the name.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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

Mel Solomon
Senior Section Administrator

Letter Number: 721A00025338

Rec'd
10-27-21