## F24000000589

(Requestor's Name)							
(Address)							
(Address)							
(Čity/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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WZ400009924							





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M. **SOLOMON** FEB - **5** 2024 AHN. Melaniens

## **COVER LETTER**

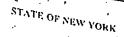
TO: Registration Section Division of Corporations
SUBJECT: SWAT WEIDING + TRUCK RelaIR INC
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good 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:
Craig Smith Name of Person
Name of Person
SWAT WELDING + TRUCK REPAIR  Firm/Company
444 RTE 111 5
Sm.+htww Ny 11787
PV++i C K 26 (A) AO L COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (663) 347. 2420  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 & \$78.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy  \$87.50 Filing Fee,  Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1 >WAT WELD, M + TRUCK REPARE INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	
Swat Weldins	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida),	
DOC ID GOGGGGGG / ERE#1	, <sub>.</sub>
(State or country under the law of which it is incorporated)	ر :
4. 12.16. 7027 5 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)	
7. 307 Hishway 60 W Plant C. My fl 33567	
(Principal office street address)	
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Y
Name: Cras Sm.+W	
	-;
WPIANTC.TY Florida 33567	
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 as	
further agree to comply with the provisions of all statutes relatives are stated agent and agree to act in this capacity. I	
and I am familiar with and accept the obligations of my position as registered agent.	
my Sunt	
(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.	
h	

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

A. DIRECTORS						
□Chairman	Name: Crais Sm.+h	□ Chairman	Name:			
□ Vice Chairman	Address: 444 1245 11	□ Vice Chairman				
Director	Smithtown NY 11787	□Director				
resident		□President				
□Vice President		□ Vice President				
☐Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other	<del></del>	□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:					
Director		□Director				<del></del> -
□President		□President			202	
□ Vice President		□Vice President			1	
□ Secretary	□Treasurer	□ Secretary		□Treasurer.	7	,,,,,,
Other	Other	□Other		Other		
				13	8: 2	
□Chairman }	Name:	□Chairman N	lame:	···	$\sim$	
□Vice Chairman →	Address:					
□Director _		□ Director				
□President _		□President	<u></u>			
□Vice President		□Vice President _	_ <b>_</b>			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other		Other	<del></del>	□Other		<del>-</del>
12The officer or director	Signature of Director o	r Officer	L IOTHI.	<del></del>		_
she is aware that false s.817.155, F.S.	signing this document (and who is listed in number information submitted in a document to the Departr	nent of State constitutes a	ne facts stated a third degree	herein are true an felony as provide	d that he d for in	or
13	Cra. J Smith					
	(Typed or printed name and capacity of perso	n signing application)				_



DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed I, ROBERT J. RODRIOUEZ, Secretary of State of the State of New York and custodian of the records required by law to be lined in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this

Entity Name:

DOS ID Number:

SWAT WELDING & TRUCK REPAIR INC.

Entity Type:

6669659

Entity Status:

DOMESTIC BUSINESS CORPORATION

Date of Initial Filing with DOS:

EXISTING 12/16/2022

Statement Status:

CURRENT

Statement Due Date:

12/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 16, 2022 at 10:29 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hegl

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002654069 To Verify the authenticity of this document you may access the Authorization Website at http://ecorp.dos.nv.gov



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2024

CRAIG SMITH 444 ROUTE 111 STE 2 SMITHTOWN, NY 11787 US

SUBJECT: SWAT WELDING & TRUCK REPAIR

Ref. Number: W24000009924

We have received your document for SWAT WELDING & TRUCK REPAIR and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Corey Pettway Regulatory Specialist II

www.sunbiz.org

Letter Number: 924A00001360