## F9500006013

OFFICE USE ONLY 700001647687 -11/28/95--01114--004 \*\*\*\*\*70.00 \*\*\*\*\*70.00 1095-23296 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Decument #) (Decument #) (Corporation Name) (Document #) Walk in Pick up time **Certified Copy** Mail out Will wait **Photocopy** Certificate of Status **NEW FILINGS** AMENDMENTS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger 12.11 OTHER FILINGS REGISTRATION/ QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(10/92)

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 28, 1995

ANTHONY R. JOYCE % RONALD LEVITT ASSOCIATES, INC. 141 SEVILLA AVE. CORAL GABLES, FL 33134

SUBJECT: SWIM ACROSS AMERICA, INC. Ref. Number: W95000023290

We have received your document for SWIM ACROSS AMERICA, INC. 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 entity's date of incorporation/organization must be listed in the document.

A certificate of existence, 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 list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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 (904) 487-6097.

Letter Number: 695A00052006

Michael Mays Document Specialist DEC 11 AH 10: 30

SECRETARY OF STATE
DIVISION OF STATE

## APPLICATION BY FOREIGN, NOT. FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT, ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

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as registered place designa d agree to act re to the prope	agent and ated in this in this cap or and com of my posi	s applic pacity. I pplete per idion as	eation furtherform regis	n, I hereby a er agree to c mance of my	rcept the a comply with duties, an	ppointment the provisio
1	gent's accep las registered place designa d agree to act re to the prope	(City)  gent's acceptance: I as registered agent and place designated in this dagree to act in this capte to the proper and correspond to the proper and correspo	(City)  gent's acceptance: I as registered agent and to acceptance designated in this applicated agree to act in this capacity. It is to the proper and complete parties of the position as	(City)  gent's acceptance:  l as registered agent and to accept se place designated in this application of agree to act in this capacity. I furthere to the proper and complete perform	(City)  gent's acceptance:  las registered agent and to accept service of proplete designated in this application, I hereby and agree to act in this capacity. I further agree to be to the proper and complete performance of my a obligations of my position as registered agent.	(City)  gent's acceptance:  as registered agent and to accept service of process for the place designated in this application, I hereby accept the ad agree to actin this capacity. I further agree to comply with we to the proper and complete performance of my duties, and cobligations of my position as registered agent.

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. 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.
- 12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)
- A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman:	Matthew J. Vossler	•
Address:	5 Stanley Rd. Darien, CT	
	Christopher M. Vossler	
Vice Chairman: _	609 Fern St, W. Hartford, CT	
	Jeff Keith	1
	121 E. 90th St. Apt 5C. N.Y. N.Y.	95 DEC
Director:	Robert Kilcullen	
V	204 Salt Meadow Rd, Fairfield, CT	AH 10: 30
B.OFFICERS (S	treet address only- P. O. Box NOT acceptable)	0
President:	Jeff Keith	
Address:	121 E. 90th St., Apt. 5C, N.Y., N.Y.	
Vice President:	Matthew J. Vossler	
	5 Stanley Rd, Darien, CT	
	Christopher M. Vossler	
Address:	5 Fern St., W. Hartford, CT	
	Robert Kitcullen	
	204 Salt Meadow Rd, Fairfield, CT	
NOTE: If necessal and/or directors.  13. X (Signature of Class)	, and the same of	fficers
	MATTHEW J. VOSSLER	
(Ту	ped or printed name and capacity of person signing application)	

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

SWIM ACROSS AMERICA, INC.

incorporated under the laws of Connecticut is in existence and in good standing.

Secretary of the State

Date Issued: November 30, 1995

SECRETÁRY OF STATE
ONVISION OF CONFORATIONS
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