

F99000006390
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SWINGFIT, 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", 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:

PAUL J. HUBER

(Name of Person)

ATTORNEY AT LAW

(Firm/Company)

406 CENTER ST., BOX 351

(Address)

DURAND, IL 61024

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

JACK MURPHY

(Name of Person)

at (630) 584-3636

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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

FILED
99 DEC -7 AM 11:28
TALLAHASSEE, FLORIDA
SC

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. SWING FIT, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. ILLINOIS

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

3. 36-4326616

(FEI number, if applicable)

4. 10-19-99

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON ACCEPTANCE

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1155 WEST STATE RD. 434, SUITE 115
LONGWOOD, FL 32750

(Current mailing address)

ILL. REGISTERED AGENT:
PAUL HUBER
406 CENTER ST.
DURAND, IL 61024

8. THE TRANSACTION OF ANY AND ALL LAWFUL PURPOSE FOR WHICH
CORPORATIONS MAY BE INCORPORATED.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: GARY HANSBERGER

Office Address: 1155 WEST STATE ROAD 434, SUITE 115

LONGWOOD, Florida, 32750
(Zip code)

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

99 DEC -7 AM 11:28

FILED

10. 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.

Gary Hansberger
(Registered agent's signature)

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)

ALLAN P. HANSBERGER
1755 PERSIMMON DR.
ST. CHARLES, IL 60174

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: ALLAN P. HANSBERGERAddress: 1755 PERSIMMON DR.
ST. CHARLES, IL 60174

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)President: ALLAN P. HANSBERGERAddress: 1755 PERSIMMON DR.
ST. CHARLES, IL 60174

Vice President: _____

Address: _____

Secretary: _____

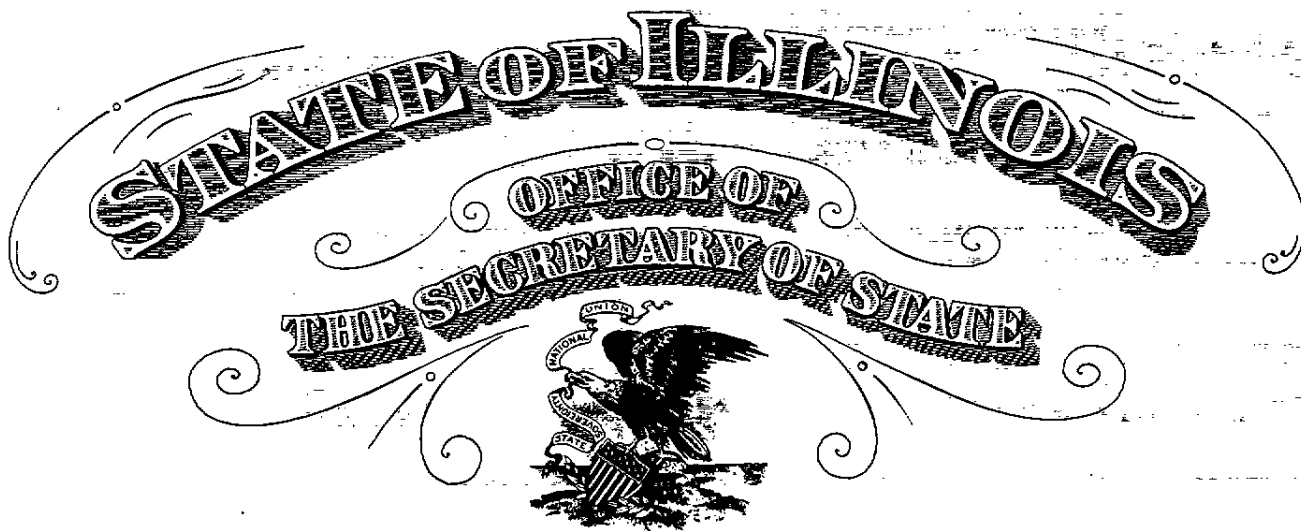
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Allan P. Hansberger
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. ALLAN P. HANSBERGER
(Typed or printed name and capacity of person signing application)FILED
99 DEC -7 AM 11:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

File Number 6072-958-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SWINGFIT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 19, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH
day of NOVEMBER *A.D.* 1999.

Jesse White

SECRETARY OF STATE