# Necconoly

(Requestor's Name)	_
( <u>4</u> 223.6.6.10)	
(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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Office Use Only	



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Y SCOTT JUL 1 9 2019



## E Alex Ortiz, CPA, PA

CERTIFIED PUBLIC ACCOUNTANT

2727 Ponce de Leon Blvd. Caral Gables, FL 33134

E Alex Ortiz, CPA

Tel: 786-580-37 Fax: 786-953-62

June 18, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Swift Beauty LLC

To Whom It May Concern:

We are writing you regarding your notice dated June 8, 2019.

Please note that on Line 4 we made an error with the date. Subsequently, it should be blank since the company has not transacted business in Florida and November 13, 2018 was the date the company incorporated in the State of Delaware. Attached please the corrected page and a copy of the letter with all original documentation.

Please accept this correction and remove the civil penalty of \$500.00 since it does not apply.

We thank you very much for your attention to this matter.

Sincerely,

E. Alex Ortiz, CPA See attachments.



July 1, 2019

ALEX ORTIZ 2727 PONCE DE LEON BLVD CORAL GABLES, FL 33134

SUBJECT: SWIFT BEAUTY LLC Ref. Number: W19000061103

We have received your document for SWIFT BEAUTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Yvette Scott Document Specialist II

Letter Number: 719A00013327

RECEIVED



June 8, 2019

ALEX ORTIZ, CPA 2727 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

SUBJECT: SWIFT BEAUTY LLC Ref. Number: W19000054945

We have received your document for SWIFT BEAUTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 519A00011495

RECEIVED

JUN 2 1 2019

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Swift Beauty LLC		
JOBJI.CI.	Name of Limited Liability Company		
	I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," On the check are submitted to register the above referenced foreign limited liability company to transact business.		
Please return	all correspondence concerning this matter to the following:		
	Alex Ortiz, CPA		
	Name of Person		
	E Alex Ortiz, CPA, PA	81 JUL 18	
	Firm/Company	₽	<u> </u>
	2727 Ponce de Leon Blvd		
	Address 7:7	¥	<u> </u>
	Coral Gables, FL 33134	PM 4: 36	
	City/State and Zip Code	-	
	alex@alexortizepa.com		
	E-mail address: (to be used for future annual report notification)		
For further in	nformation concerning this matter, please call:		
Ale	x Ortiz 305 340-2000 at ()		
	Name of Contact Person Area Code Daytime Telephone Number		
Divi Reg P.O.	ILING ADDRESS: ision of Corporations Division of Corporations istration Section Box 6327 Box		
	losed is a check for the following amount: use make check payable to: FLORIDA DEPARTMENT OF STATE		
_	\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fe  Certificate of Status Certified Copy of Status & Certified		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Swift Beauty LLC						
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability Com	pany," "L.L.C.," or "LLC.")			
				Z <sub>v</sub>	20	
(It'name unavuilable, enter alternate r	name adopted for the purpose of transacting business in E	orida. The alternate	name must include "I imited Liabilit	y Company," '	rui <b>zz</b> ion	"LI C ")
Delaware		83-1	2557143		<u></u>	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	··· ——	(Hif mimber,	n abblicapie)	8	<u></u>
				ينز	PH	
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to deterr	registration )			<u></u>	
	(See sections 605 0904 & 605,0905, F.S. to determ	nine penalty liability	I	PATE	կ։ 36	
9701 Collins Ave #14/5.			l Collins Ave ≢1404	, C	o	
(Street Address of	Principal Office)	(i	(Mailing Address	.1		
Bal Harbour, FL 3315	4	Ball	Harbour, FL 33154			
			· · · · · · · · · · · · · · · · · · ·	•		
			· · · · · · · · · · · · · · · · · · ·			
7. Name and street address	ss of Florida registered agem: (P.O. Bo	x <u>NOT</u> accep	(able)			
	Alex Ortiz, CPA					
Name:			_			
00° A11 .	2727 Ponce de Leon Blyd					
Office Address:			_			
	Coral Gables		33134 , Florida			
	(City)		(Zip code)			

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Stacey Swift Erica Swift Manager ☐ Manager 4332 Westmount Ave Address: \_\_ 414 N Camden Dr. Ste 1010 **■**Member Member Montreal, Canada Beverly Hills, CA 90120 Authorized Authorized H3Y 1W1 Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: Arthur Swift Manager Manager Manager Name: 4332 Westmount Ave Member Member Montreal, Canada Authorized Authorized H3Y IWI Person Person Other Other\_\_\_\_ Other\_ Other Manager Name: Manager | Name: Member Address: ☐ Member Address: Authorized Authorized Person Person \_\_\_Other\_\_\_\_ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Signature of an authorized person Stacey Swift

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SWIFT BEAUTY LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTH DAY OF APRIL, A.D. 2019.

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7146152 8300

SR# 20192586083

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Busines, Secretary of State

Authentication: 202591198

Date: 04-05-19