

Florida Department of State  
 Division of Corporations  
 Electronic Filing System

**F24000002217**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000146778 3)))



H240001467783ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : URS AGENTS LLC  
 Account Number : I20150000127  
 Phone : (800)567-4397  
 Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: BALLEN@URSCOMPLIANCE.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION  
 SWISSBIT NA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE  
 TALLAHASSEE, FL

2024 APR 23 PM 1:25

2024 APR 23 PM 1:32

ED

FILED

MS

H24000146778 3

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. SWISSBIT NA, 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. Idaho 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-04-2022 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. 6862 N. Sunset Maple Way, Meridian, ID 83646 (Principal office street address)

(Current mailing address, if different)

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

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee Florida 32312 (City) (Zip code)

2024 APR 23 PM 1:25
DEPT OF STATE
TALLAHASSEE, FL
FILED

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.

Shawn Linan Shawn Linan, Assistant Secretary
(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):

H24000146778 3

H24000146778 3

A. DIRECTORS

Chairman Name: Vincenzo Esposito

Vice Chairman Address: 6862 N. Sunset Maple Way  
Meridian, ID 83646

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 \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

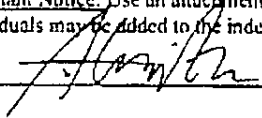
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other \_\_\_\_\_  Other \_\_\_\_\_

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. Vincenzo Esposito, President  
(Typed or printed name and capacity of person signing application)

H24000146778 3

H24000146778 3



**STATE OF IDAHO**

*Phil McGrane* | Secretary of State  
**Business Office**  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

April 22, 2024

**Request Type: Certificate of Existence/Filing**

Issuance Date: 04/22/2024

Request #: 0005699881

Copies Requested: 0

Receipt #: 000974302

**Regarding: Swissbit NA, Inc.**

Filing Type: General Business Corporation (D)

File #: 4686327

Formation/Qualification Date: 04/04/2022

Status: Active-Good Standing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

**Certificate of Existence**

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

**Swissbit NA, Inc.**

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Phil McGrane  
Idaho Secretary of State

Processed By: Business Division

Verification #: 028487336

H24000146778 3