11/2/23, 3:52 PM H230003820723 Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FLL BUSINESS SOLUTION CORP
Account Number : I20190000092
Phone : (754)202-8663
Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com

FLORIDA LIMITED LIABILITY CO.
2013 SWORN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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11/3/23

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 2013 SWORN LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIANNY CHINCHILLA
Name of Person

FLL BUSINESS SOLUTION CORP
Firm/Company

8350 W STATE ROAD 84
Address

DAVIE, FL. 33324
City/State and Zip Code

FLLbusiness@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIANNY CHINCHILLA at (754) 2028663
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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2023 OCT 33 PM 2:17
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TALLAHASSEE, FLORIDA

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

2013 SWORN LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
3803 OAK RIDGE CIR	3803 OAK RIDGE CIR
WESTON, FL. 33331	WESTON, FL. 33331

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PATRICK M GAHAN
Name

3803 OAK RIDGE CIR
Florida street address (P.O. Box **NOT** acceptable)

WESTON	FLORIDA	33331
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Patrick M Gahan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	PATRICK M GAHAN 3803 OAK RIDGE CIR WESTON, FL. 33331
MGR	LUCRECIA LAPPAS 3803 OAK RIDGE CIR WESTON, FL. 33331

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
THE PURPOSE OF THE COMPANY IS REAL ESTATE INVESTMENTS AND ANY LAWFUL BUSINESS

REQUIRED SIGNATURE:

Patrick M Gahan

Signature of a member or an authorized representative of a member.
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.

PATRICK M GAHAN
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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