

L03000010648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

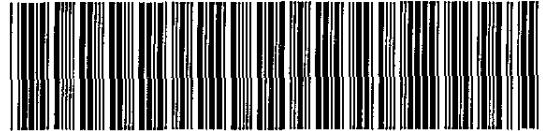
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500014542015

03/25/03--01050--024 \*\*125.00

FILED

2003 MAR 25 PM 1:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

03 MAR 25 AM 11:27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 25 2003

Capitol Services, Inc.

1045 Merritt Drive

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

Office Use Only

FILED  
2003 MAR 25 PM 1:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Swiftsure Capital, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 3/25

☐ Certified Copy

☐ Mail Out

☐ Will wait

☒ Photocopy *Stamped*

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**TRANSMITTAL LETTER**

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

FILED  
2003 MAR 25 PM 1:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**SUBJECT: SWIFTSURE CAPITAL, LLC.**

Enclosed are an original and one (1) copy of the articles of organization and a check for:

\$125.00 Filing Fee & Designation of Registered Agent

FROM: I. MICHAEL TUCKER  
  
LAW OFFICE OF I. MICHAEL TUCKER  
  
SunTrust Bank Building, Suite 100  
  
498 Palm Springs Drive  
  
Altamonte Springs, Florida 32701  
  
Telephone: 407-977-8836  
  
Facsimile: 407-977-5252

# ARTICLES OF ORGANIZATION FOR

## SWIFTSURE CAPITAL, LLC

(A FLORIDA LIMITED LIABILITY COMPANY)

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

### ARTICLE I - NAME

The name of the limited liability company is SWIFTSURE CAPITAL, LLC.

### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

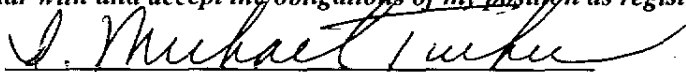
Mailing address:  
SWIFTSURE CAPITAL, LLC  
670 North Orlando Avenue  
Suite 103A  
Maitland, Florida 32751

Street Address:  
SWIFTSURE CAPITAL, LLC  
670 North Orlando Avenue  
Suite 103A  
Maitland, Florida 32751

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND RESIDENT AGENT'S SIGNATURE

The name and address of the registered agent and office is I. Michael Tucker, Attorney & Counselor at Law, Suntrust Bank Building, Suite 100, Altamonte Springs, Florida 32701.

*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 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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



I. MICHAEL TUCKER, authorized representative of a member.

FILED  
2003 MAR 25 PM 1:33  
CLERK OF COURTS  
TALLAHASSEE, FLORIDA