## ... 05000080142

| (Requestor's Name)  (Address)  (Address)                            | 000058440550              |  |  |
|---|---------------------------|--|--|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) | 08/12/0501030711 **160.00 |  |  |
| (Document Number)  Certified Copies Certificates of Status          | М. <b>НО</b> В <b>ВЕ</b>  |  |  |
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Office Use Only

## TRANSMITTAL LETTER

| TO:   | Registration Se<br>Division of Cor |   |   |   |  |
|---|------------------------------------|---|---|---|--|
| SUBJ  | ect: R                             | OYAL & SWIFT ENTERPRI   | SES, L.L.C.   | ***   |  |
|   |                                    | (Name of Lunited  | Liability Company)  |   |  |
|   |                                    | Organization and foo(s) are sa  | -   |   |  |
| Picase  | return all corresp                 | ondence concerning this matte   | r to the following:   |   |  |
|   |                                    | Victor  | G. Swift  |   |  |
|   |                                    | a   | tume of Person)   |   |  |
|   |                                    |   |   |   |  |
| Time, and the   |                                    | عمس الزائد النبياب البراز والمعاجم والمتالية والمساول والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية | NTERPRISES,LL.C.  |   |  |
|   |                                    | (1  | Firm/Company)   |   |  |
|   |                                    |   |   |   |  |
|   | 1061 SW Mockingbird Drive          |   |   |   |  |
|   |                                    |   | (Address)   |   |  |
|   |                                    |   | \\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.                            |   |  |
|   |                                    | بالمسار والمناب المحموم كمناه للمسام مرمون والمراب فالفائة المروان بمن ومسام ومراب فالمسام                        | cie, Florida 34986  | <del>Taranga yang talahar.</del>  |  |
|   |                                    | CODY  | State and Zip Code)   |   |  |
| For fu  | riber information                  | concerning this matter, please  | cmili:  |   |  |
|   | VICTO                              | R G. SWIFT  | at ( 772 ) 873-0848   |   |  |
| *   | (Name                              | of Person)  | (Area Code & Daytime Yo   | elephone Number)  |  |
| wa. L   |                                    |   |   | ****  |  |
| Encio   | sed is a check to                  | or the following amount:  |   |   |  |
| <b>I</b> \$12:  | 5.00 Filing Fee                    | C3 \$130.00 Filing Fee & Certificate of Status  | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Cl \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|   |                                    |   |   |   |  |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Caines Street Tallahassee, Florida 32399 |                                    | MAILING ADDRESS: Registration Section Division of Corporations  |   |   |  |
|   |                                    |   |   | P.O. Box 6327 Tallahassee, Florida 32314  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:                             |  |  |  |  |
|---|--|--|--|--|
| ROYAL & SWIFT ENTERPRISES ,L.L.C  |  |  |  |  |
| ARTICLE II - Address: The mailing address and street address of the pr                      | incipal office of the Limited Liability Company is:  |  |  |  |
| Principal Office Address:   | Mailing Address:   |  |  |  |
| 1061 SW MOCKINGBIRD DRIVE   | 1061 SW MOCKINGBIRD DRIVE  |  |  |  |
| PORT ST. LUCIE, FL 34986  | PORT ST. LUCIE, FL 34986   |  |  |  |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r |  |  |  |  |
| LARRY ROYAL   |  |  |  |  |
| Name  |  |  |  |  |
| 544 NE SIERRA WAY   |  |  |  |  |
| Florida street add  | ress (P.O. Box NOT acceptable)   |  |  |  |
| JENSEN BEACH,   | <sub>FL</sub> 34957  |  |  |  |
| City, State, a  | ind Zip  |  |  |  |
| liability company at the place designated in t  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as |  |  |  |

liability company at the place designated in this certificate, I hereby accept the appointment as egistered 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 608, F.S..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member   | Name and Address:                        |  |  |  |
|---|--|--|--|--|
| MGR   | VICTOR G. SWIFT                          |  |  |  |
| Note the second | 1061 SW MOCKINGBIRD DRIVE                |  |  |  |
|   | PORT ST. LUCIE FL 34986                  |  |  |  |
|   |  |  |  |  |
| MGRM  | LARRY ROYAL                              |  |  |  |
|   | 544 NE SIERRA WAY                        |  |  |  |
|   | JENSEN BEACH, FL 34957                   |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| (Use attachment if necessary)  NOTE: An additional article must be  | added if an affective data is magnested  |  |  |  |
| NOTE. An auditional at title must be  | added it an enective date is requested.  |  |  |  |
| REQUIRED SIGNATURE:   |  |  |  |  |
| Veto D. half  |  |  |  |  |
| Signature of a member or  | an authorized epresentative of a member. |  |  |  |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  |  |  |  |  |
| VICTOR G. SWIFT   |  |  |  |  |
| Typed or printed name of signee   |  |  |  |  |
| Filing Fees:  |  |  |  |  |
| \$125.00 Filing Fee for Articles of Organiza<br>of Registered Agent<br>\$ 30.00 Certified Copy (Optional)   | tion and Designation                     |  |  |  |
| \$ 5.00 Certificate of Status (Optional)  |  |  |  |  |

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