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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO:		stration S	ection orporations			
						المعاددة ومعادية
SUBJ	ECT:	Swigst	er			
	•		(Name of Limite	ed Liability Com	npany)	
The er	nclosed	Articles o	of Organization and fee(s) are s	submitted for file	ing.	
Please	return	all corresp	ondence concerning this matt	er to the followi	ng:	
	Mich	nael Sc	oloway			
			. (	Name of Person)		
				(Firm/Company)	. ,	
	200	East !	57th Street, Apt 3N			
			, o o, , .p. o	(Address)		
	New	/ York	, New York 10022			
			(City	/State and Zip Co	de)	
For fur	rther inf	Cormation	concerning this matter, please	call:		
Mich	ael S	oloway	,	<sub>at (</sub> 917\$	, 554 <b>-</b> 233	32
			of Person)	(Area Co	ode & Daytime T	elephone Number)
Enclos	sed is a	check fo	or the following amount:			
<b>□</b> \$125	5.00 Fii	ling Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co	ру	\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclose
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section of Corporation Building Recutive Center	ns · Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I The name of the	Name: e Limited Liability Co	ompany is:		
The Swigster, L				
Must end with the v	vords "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC,	," or "L.C.,")	
ARTICLE II -	Address:			
		ss of the principal office of the Limited Li	iability Company is:	
		F F		
Principal Offic	e Address:	Mailing Address:		
100 DI D1				
128 Plaza Real		200 East 57th Street		
Suite 239		Apt. 3N		
Boca Raton, FL 3	3432	New York, New York 10022	<del></del>	
The Limited Liabilith business entity with	ty Company cannot serve as it an active Florida registration	Registered Office, & Registered Agent's its own Registered Agent. You must designate an indivious.) ess of the registered agent are:	idual or another	
	Tucker Max		AR S	
		Name	- Sec. 3	
	420 Diaza Basi 6	2th. 220	rii-	n
	428 Plaza Real, S	· · · · · · · · · · · · · · · · · · ·	me I I	ď
	Flori	da street address (P.O. Box NOT acceptable)	- CON - CON	ij
	Boca Raton	FL 33432	7. S.	
	(	City, State, and Zip	A	
Having been n	amed as registered age	ent and to accept service of process for the	above stated limited	

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

 _		
_	·	

Signature of a member or an authorized representative 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.)

Michael Soloway

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)