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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB -6 PM 1:59

G. MCLEOD

FEB 07 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2008

CRAIGG L SWIFT  
PO BOX 613  
ROSELAND, FL 32957

SUBJECT: SWIFT CARPENTRY "LLC"  
Ref. Number: W08000004464

We have received your document for SWIFT CARPENTRY "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide us with a complete address for all address fields.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 908A00005699

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWIFT CARPENTRY "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:

**Craig L. Swift**

(Name of Person)

(Firm/Company)

**PO box 613**

(Address)

**ROSELAND, FLORIDA 32957**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Craig L. Swift** at ( **772** ) **388-0217**  
(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) \*

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Previously submitted  
check # 1046  
Craig Swift  
Wachovia Acc#  
1010095973241

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SWIFT CARPENTRY "LLC."

(Must end with 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:

8144 BUD DOUGLAS CT  
UNINCORP. DISTR. 3  
FLORIDA, 32976-0000

#### Mailing Address:

P.O. BOX 613  
ROSELAND  
FLORIDA, 32957

### 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:

Craig L. Swift

Name

315 'A' Keen Terrace

Florida street address (P.O. Box NOT acceptable)

SEBASTIAN, FLORIDA 32958

City, State, and 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 608, F.S..*

Craig L. Swift

Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATION  
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**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:**

MANAGER

Craig L. Swift

315 'A' Keen Terrace

SEBASTIAN, FLORIDA 32958

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**

Craig L. Swift  
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.)

Craig L. Swift

Typed or printed name of signer

**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)**