## 10000034522

. (Requestor's Name)
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EXAMINER

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C		
SUBJECT:	SWING TR	ADING BOOT CAMP, LIC
	· ··· · · · · · · · · · · · · · · · ·	ed Liability Company
	of Organization and fee(s) are	
		-
	DREVY V	
		Name of Person
<del> </del>	5 wind	TENOING BOOT COMP, LIC
	040 L.	W. POLMETTO PAUL IN. STE Y-553
		Address
	Boxa Rajon	FL 33433
	Cit	y/state and Zip Code
	DREWW72	. Q. Asc COM
	E-mail address: (to be used	for future annual report notification)
For further information	n concerning this matter, please	e call:
Drew	Wononka	at (Sol 25) -15/1  Area Code & Daytime Telephone Number
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check t	for the following amount:	
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Swing TRADING Boot Camp, LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:  Mailing Address:
5860 NW 44EFT. 7040 W. POLINETTO PAUL ROAD # 707 STE 4-553 LAWERHIU IFU 33319 ROCA RATION, FL 33733
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:
DREW WORONKA
Name
5860 NW 4475T STE 707
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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
Drauch Woronka AM 3
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2
Fish - C

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:
"MGR" = Manag		
"MGRM" = Mai	naging Member	
MGRM		Drevy Wordnika
		5860 NW 407 57 57
		LOUDENHILL FL 33319
	<u> </u>	
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\$ 5.00 Certificate of Status (Optional)