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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. GILBERT

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Swift Delivery Service L.L.C.		
SUBJECT	:Name o	f Limited Liab	ility Company
The enclose	ed Articles of Organization and fee(s) are submitte	d for filing.
Please retui	rn all correspondence concerning thi	is matter to the	following:
	Andrew James Long		
		Name c	t Person
	Swift Delivery Service		
		Firm/C	ompany
	1319 Pelican Creek Crossing		
		Ado	ress
	St. Petersburg, Florida 33707		
·	swiftdeliverypinellas@gmail.com	City/State a	nd Zip Code
_		used for future	annual report notification)
For further in	iformation concerning this matter, p	lease call:	
	Andrew Long	386	212-9925
-	Name of Person	L(Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil		s	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I	- Name:
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The name of the Limited Liability Company is:

116 FEB 29 PM 3: 49

Swift Delivery Service L.L.C.	COMPANY OF COMPANY
(Must end with the words "Limited Liability Company, "L.L.C.	," or "LLC.") ORLANDADEDES ("LUMIDA

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1319 Pelican Creek Crossing	1319 Pelican Creek Crossing
St. Petersburg, Florida 33707	St. Petersburg, Florida 33707

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:

Andrew James Long	1	
	Name	
1319 Pelican Creek	Crossing	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
St. Petersburg	Florida	33707
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address: 822
<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	Andrew James Lung
MGR. AMBR	1319 Pelican Creek Crossing
	St. Petersburg, Florida, 33707
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fective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the dat fective date is listed, the date must be spot filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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