

LIB000150042

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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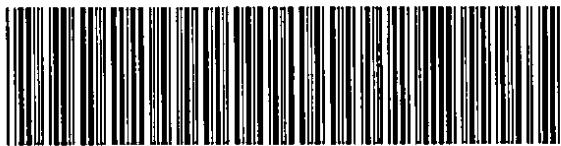
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
18 JUN 18 AM 9:01  
REGISTRATION OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Swip Alot, 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:

Attorney John J. Spence

Name of Person

Naples and Spence Law

**Firm/Company**

2807 N. 10th St.

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**Address**

St. Augustine, FL 32084

City/State and Zip Code

Webmaster@swipalot.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Attorney John J. Spence 904 657-7117  
at ( ) \_\_\_\_\_

Name of Person	Area Code	Daytime Telephone Number
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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

**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**

INVESTIGATION  
OF  
CORPORATIONS  
18 JUN 18 AM 9:01  
ALLEGED  
CLOSED  
HARRY C. STATE  
IS  
TAMPA  
HARASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Swip A lot, LLC

(Must contain 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:**

7080 County Road 13

Hastings, FL 32145

**Mailing Address:**

7080 County Road 13

Hastings, FL 32145

**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:

David Barnabei

Name

7080 County Road 13

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

Hastings

FL

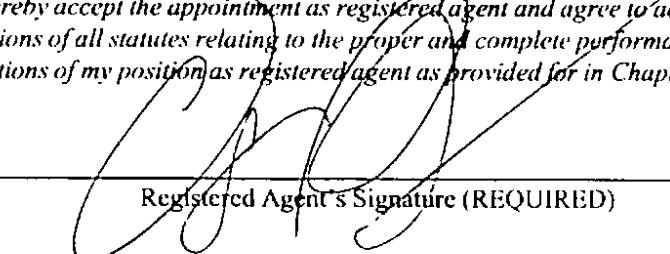
32145

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)

18 JUN 18 AM 9:01  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
REGISTRATION OF CORPORATION

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

David Barnabei

7080 County Road 13

Hastings, FL 32145

AMBR

Karen Carter

7080 County Road 13

Hastings, FL 32145

AMBR

Karen Wilson

113 F Street

St. Augustine Beach, FL 32080

AMBR

Claudia Diesen-Austria

3433 Crane Hill Ct.

Orange Park, FL 32065

(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.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.185, F.S.

David Barnabei

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)**

18 JUN 18 AM 9:01  
SUSAN LARSON, STATE  
ATLANTIC, FLORIDA  
DIVISION OF CORPORATIONS