

L18000229022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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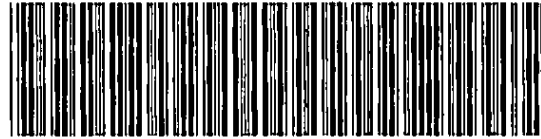
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DIVISION OF CORPORATION
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K. PAGE
SEP 28 2018

COVER LETTER

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

SUBJECT: THE SWIFT MOCCASIN, 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:

JUDITH SCHUTZ, CO-TRUSTEE and MARIA J. SLABY, CO-TRUSTEE

Name of Person

THE SWIFT MOCCASIN REVOCABLE LIVING TRUST DATED SEPTEMBER 18, 2018

Firm/Company

P.O. BOX 1454

Address

MOUNT DORA, FL 32756

City/State and Zip Code

mariaslaby@gmail.com

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

For further information concerning this matter, please call:

MARIA J. SLABY

352

250-6521

at (_____) _____

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SWIFT MOCCASIN, 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:

2040 HILLSIDE DRIVE
MOUNT DORA, FL 32757

Mailing Address:

P.O. BOX 1454
MOUNT DORA, FL 32756

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:

Maria J. Slaby, Co-Trustee, The Swift Moccasin RLT
Name

2040 HILLSIDE DRIVE
Florida street address (P.O. Box **NOT** acceptable)

<u>MOUNT DORA</u>	<u>FL</u>	<u>32757</u>
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..

Maria J. Slaby co-trustee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

The Swift Moccasin RLT dated 9/18/18

P.O. Box 1454

Mount Dora, FL 32756

(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:

Maria J. Slaby, co-trustee

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.817.155, F.S.

MARIA J. SLABY, CO-TRUSTEE

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)

SEP 26 6 18 AM '18
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA