

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Swift Naomi LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

3/4/21
FILED
RECEIVED
2021 MAR -4 PM 3:04
MAR -3 PM 12:59
STATE OF FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

Swift Naomi 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:

Mailing Address:

5800 Commerce Road

Milton, FL 32583

5800 Commerce Road

Milton, FL 32583

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

Peters Kokalari

Name

5800 Commerce Road

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

Milton

FL

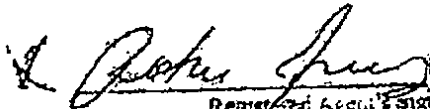
32583

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)

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STATE
FLORIDA

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ARTICLE IV.

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

See attached Rider

(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)-(6), 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.

Peters Kokalari, Member

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)

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Rider to The Articles of Organization
of
Swift Naomi LLC

AMBR Charles E. Black
5800 Commerce Road
Milton, FL 32583

AMBR Ronald E. Black
5800 Commerce Road
Milton, FL 32583

AMBR Maurice J. Collins
5800 Commerce Road
Milton, FL 32583

AMBR Paul Mulvey
5800 Commerce Road
Milton, FL 32583

AMBR Peters Kokalari
5800 Commerce Road
Milton, FL 32583

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TALLAHASSEE, FLORIDA

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