

L21000342057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

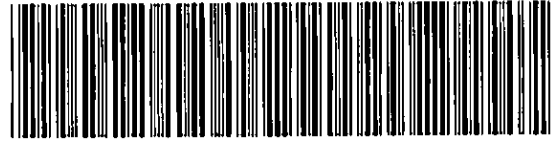
Certified Copies _____ Certificates of Status _____

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Office Use Only

JUL 28 2021

T. SCOTT



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04/20/21--01026--027 **155.00

FILED
JUL 27 2021
TALLAHASSEE, FLORIDA

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JUL 27 2021
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Swap-N-Shop, L.L.C.

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:

Theresa M. Babor

Name of Person

Swap-N-Shop, L.L.C.

Firm/Company

5178 Culbreath Road

Address

Brooksville, Florida 34601

City/State and Zip Code

swapnshopinc@gmail.com

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

For further information concerning this matter, please call:

Theresa Babor 352 848-0632

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Swap-N-Shop, L.L.C.

(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:

Swap-N-Shop, L.L.C.

Swap-N-Shop, L.L.C.

5178 Culbreath Road

5178 Culbreath Road

Brooksville, FL 34601

Brooksville, FL 34601

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:

Theresa M. Babor

Name

5178 Culbreath Road

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

Brooksville, FL 34601

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.

Theresa M. Babor 723
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MANAGER

Theresa M. Babor

5178 Culbreath Road

Brooksville, FL 34601

(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:

Theresa M. Babor

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.

Theresa M. Babor

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)

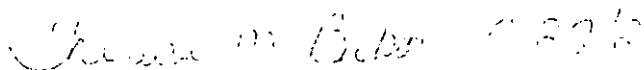
New Filing Section
Divisions of Corporation
P.O. BOX 6327
Tallahassee, FL 32314

7/27/2021

To whom it may concern,

I previously sent a request to do a conversion but have decided to send in an entire new "Articles of Organization for Swap-N-Shop, L.L.C. I would like to please request that the \$155.00 I mailed in be applied to this new filing. Please feel free to call me at 352-848-0632 if necessary.

Sincerely,

A handwritten signature in cursive script that reads "Theresa M. Babor".

Theresa M. Babor
5178 Culbreath Rd
Brooksville, FL, 34601