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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	New Filing Sec Division of Co					
SUBJECT		pital Insurance, L.L.C.				
	··	Name of Lim	nited Liability	Company		
The enclos	sed Articles of	Organization and fee(s) are	submitted for	or filing.		
Please reti	arn all correspo	ondence concerning this ma	tter to the fol	lowing:		
	Andrew S. M	McNair				
			Name of P	erson		
	SWAN Cap	ital Insurance, L.L.C.				
			Firm/Com	pany		
	107 W. Greg	gory Street				
			Addres	S		
	Pensacola, F	Florida 32502				
	andrew@swa	Ci n-capital.com	ity/State and	Zip Code		
		E-mail address: (to be used	for future an	nual report notificati	on)	
For further	information co	ncerning this matter, please	call:			
	Andrew S. M	1cNair 85		530-9576		
	Nam		ea Code	Daytime Telephon	e Number	
Enclosed i	is a check for t	he following amount:				
□\$125.00	0 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Certificate Certified Co (additional co	of Status &
	<u>Mailir</u>	ng Address	<u>s</u>	treet Address		20

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

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:	
SWAN Capital Insurance, L.L.C.	
(Must contain the words "Limited Liab	ility 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:
107 W. Gregory Street	107 W. Gregory Street
Pensacola, Florida 32502	Pensacola, Florida 32502

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 S. McNair		
	Name	
107 W. Gregory Str	cet	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Pensacola	Florida	32502
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)

ARTICLE IV-

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

Title:		Name and Address:
	thorized Member	
"MGR" = Man	ager	
AMBR/MGE	<u> </u>	Andrew S. McNair
		107 W. Gregory Street Pensacola, Florida 32502
		Pensacota, Piorida 52502
		
(Use attachmen	at if necessary)	
nent's effective E VI : Other pro	e date on the Department ovisions, if any.	meet the applicable statutory filing requirements, this date will not be t of State's records. wful activity for which corporations may be incorporated in this state
REOUIRED S	IGNATURE:	Indulre, Man
-	Signature of a m	nember or an authorized representative of a member.
	This document is execu	ited in accordance with section 605,0203 (1) (b), Florida Statutes.
		ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
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\$ 30.00 Cert	I am aware that any fals constitutes a third degree Andrew S. McN	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. Sair Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

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