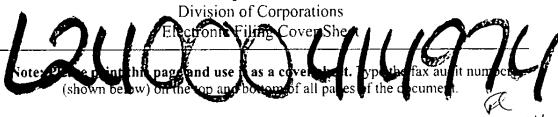
## Florida Department of State



(((H240003303213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 : (239)418-0169 Phone : (239)418-0048 Fax Number

\*\*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.

**SWAG Aviation, LLC** 

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Certificate of Status	1
Certified Copy	0
Page Count	05
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Fax: 12393215034

## COVER LETTER

TO:	New Filing Sec Division of Co								
		viation, LLC							
SUBJ	EC1:		of Limit	ed Liabi	lity Company		-		
The en	nclosed Articles of	Organization and fo	e(s) are s	submittee	l for filing.				
Please	return all correspo	ondence concerning	this matte	er to the	following:				
	Michael A.	Scott							
		<del></del>		Name o	f Person			_	
	Dorcey Law	Firm, PLC							
				Firm/Co	ompany		۲,	202	
	10181 Six N	Aile Cypress Pkwy S	Ste C				*** ***	2024 SEP <sub> </sub> 30 PH	
				Add	ress		- <del></del>	_30	
	Fort Myers.	FL 33966					70 m		# - 
	cupport@dlfe	egisteredagent.com	City	/State ar	nd Zip Code		FA	3: t2	Ų.
		<u> </u>	e used fo	or future	annual report notificati	ion)	<u> </u>	<u> </u>	
For furti		ncerning this matter			·				
	Michael A. S	Scott	239 at (		418-0169 _)				
	Nan	ne of Person	_ ``_	a Code	Daytime Telephon		_		
Enclos	sed is a check for t	he following amoun	t:						
	5.00 Filing Fee	■\$130.00 Filing Certificate of Sta	Fee &	Certif	55.00 Filing Fee & ied Copy ial copy is enclosed)	□\$160.00 Certificat Certified ( (additional c	e of Status Copy	s &	
	New F Division P.O. B	ng Address Tiling Section on of Corporations Box 6327 assee, F1, 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	issee et, Suite 810			

Fax: 12393215034

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SWAG Aviation, LI	.c					
(Must cont	ain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Addre	<u>ss</u> :		
6755 W SR 80 LABELLE, FL 3393	5		55 W SR 80 BELLE, FL 33935			
				<u> </u>	20	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its ow active Florida registrati	n Registered Agent. on.) d agent are:	ent's Signature: . You must designate an indi	ividual or 12 CF ST	2024 SEP 30 PH 3: 42	
		Name		J. A.	<b>£</b> 2	
	10181 Six Mile Cyp					
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)			
	Fort Myers	FL	33966			
	City	State	Zip			
Having been named as registered or place designated in this certificate, further agree to comply with the pi am familiar with and accept the ob	I hereby accept the approvisions of all statutes obligations of my position	noinment as registe relating to the prope i as registered agen /s/Michael A.	red agent and agree to act it er and complete performance t as provided for in Chapter (	rthis capacity. Pof my duties, a	I	
		(CONTINUED	)			

(((H240003303213)))

ARTICLE IV-

Fax: 12393215034

The r	anie and address of eac	h person authorized to	numage and contro	l the Limited	Liability Company:

Title:		Name and Address:			
	uthorized Member				
"MGR" = Ma	nager				
<u>MGR</u>		Craig Hampton 6755 W SR 80 LABELLE, FL 33935	· · · · · · · · · · · · · · · · ·		
<u>M</u> GR	<del></del>	Tifton Glenn Holt			
		6755 W SR 80 LABELLE, FL 33935			
	<del></del>				
	<del></del>				
(Use attachny	ent if necessary)		Q	. ~	
·	r .		· -	021	
ARTICLE V: Effective	e date, if other than the date of	of filing:	_ (OPTIONAL)	2	•_
	isted, the date must be spe-	cific and cannot be more than five busine	ss days prior to c		ys after, . منت
the date of filing.) Note: If the date inser	ted in this block does not m	eet the applicable statutory filing requirem	ents, this date-wi	್ಷು II n6∓be	
	e date on the Department o		71 <u>9</u>	P	10 4
A DETCE E VII. Oderen			E S		Same S
ARTICLE VI: Other pr	ovisions, if any.		は日	<u>φ</u>	
			E.	Ň	_
REQUIRED	SIGNATURE:				
<u>MLOCHELY</u>					
		/s/ Craig Hampton			
		mber or an authorized representative of ed in accordance with section 605.0203 (1)		ites.	
	I am aware that any false	information submitted in a document to the			
	constitutes a third degree	felony as provided for in s.817.155, F.S.			
		Craig Hampton			
		Typed or printed name of signee			
		Filing Food			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)