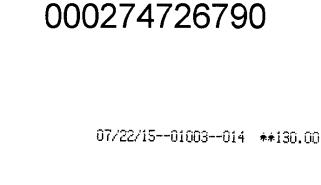


(Requestor's Name)				
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PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
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(Doc	ument Number)			
Certified Copies	Certified Copies Certificates of Status			
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COVER LETTER

TO: `	Registration Section Division of Corporatio	ns		
.1	n	< 1	(, ,)	1 /
SUBJE	ECT:	Jwartz_	Cutoms L	
		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all correspondence	concerning this matter to the	following:	
	<u>.</u>	Den Swartz	<u> </u>	
		N	ame of Person	
		Swartz C	ustoms LLC	
		Fi	rm/Company	
		196 Bayon La	nding Rd	
			Address	
		Santa Rosa Circo	Death FL 3] tate and Zip Code	1459
		_	CTZ CUSTOMS () I for future annual report no	amail. com
For furt	ther information concernin	g this matter, please call:		
	Ben Swe	of Contact Person	at (L) Area Code Day	vtime Telephone Number
	MAILING ADDRESS: Division of Corporations		Division	f ADDRESS: of Corporations
	Registration Section P.O. Box 6327		Registrat Clifton B	ion Section
	Tallahassee, FL 32314		2661 Exe	ecutive Center Circle see, FL 32301
Enclose	ed is a check for the follow	ring amount:		
	□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 Swarts Clastons & LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Ceorgia 3.
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. (Date first transacted business in Florida if prior to maistration)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
196 Bayon Landing RJ Santa Rosa Beach, FL 32459 (Street Address of Principal Office)
6. <u>Same</u>
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Bon Swatz
Office Address: 196 Byon Landing Rd
Santa Rosa Deach, Florida 32959
(City) (Zip code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
100 Bryon Landing Rd
South Rosa Beach Fla 32459
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
The And
Signature of an authorized person
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.

Typed or printed name of signee

Control Number: 12096376

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SWARTZ CUSTOMS LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12093939 : 12/12/2012 : Georgia : 7/10/2015 : 211



Brian P. Kemp Secretary of State