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	PICK-UP WAIT MAIL							
	(Business Entity Name)							
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Certifie	1 Copies Certificates of Status							
Speci	al Instructions to Filing Officer:							

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2016

NICOLE M. VILLARROEL, ESQ. 2426 EAST LAS BOULEVARD FORT LAUDERDALE, FL 33301

SUBJECT: SWOPE PROPERTIES, LLC

Ref. Number: W16000006295

We have received your document for SWOPE PROPERTIES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The Articles of Organization do not meet statutory requirement.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 016A00001967

COVER LETTER

1° O :		ntion Section of Corporation	ıs						
SUBJE	Swo	ope Properties, L							
				Limited Liability (Company				
			eign Limited Liability Comp d to register the above refer						
Please r	eturn all c	correspondence c	oncerning this matter to the	following:					
		Nicole M. Villa	rroel, Esq.						
	Name of Person								
	Hackleman, Olive & Judd, P.A.								
	Firm/Company								
	2426 East Las Olas Boulevard								
	Address								
	Fort Lauderdale, FL 33301								
City/State and Zip Code nvillarroel@gmail.com									
For furth	her inform	ation concerning	this matter, please call:						
	Nicole V	/illarroel		954 at (334-225	50			
		Name of	Contact Person	Area Code	Dayı	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Er closed is a check for the following amount: \$\Boxed{125.00}\$ \$\frac{1}{25.00}\$ Filing Fee & Certificate of Status			☐ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop				

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Swope Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (I) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Li ibility Company," "L,L,C," or "LLC.") Kentucky Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) January 1, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 11601 Plantside Drive, Louisville, KY 40299 (Street Address of Principal Office) 11601 Plantside Drive, Louisville, KY 40299 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Hackleman Olive & Judd, P.A. Name: 2426 East Las Olas Boulevard Office Address: Fort Lauderdale , Florida 33301 (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Patricia G. Swope, Member 11601 Plantside Drive Leuisville, KY 40299 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jut sdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of he translator must be submitted) 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 sul mitted 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

Nicole M. Villarroel, Esq.

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 172455

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Swope Properties LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 4, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of January, 2016, in the 224th year of the Commonwealth.



Mison Gundergan Crimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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