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Account#: 120000000088

Date:	09/30/2020		
	Chris Vick	_	
Reference #	4000007	<u></u>	
Entity Name	swh H	OLDINGS, LLC	
_	es of Incorporation/Authorization	n to Transact Business	
☐ Chan	ige of Agent		
_	rersion		
☐ Merg	er plution/Withdrawal		
_	ous Name  PLEASE RETAIN ORI	GINAL SUBMISSION DATE OF 9/25/20	2020 SEP 25
Authorized A	Amount: <b>\$125.00</b>		25 AH II:

F: 800.944.6607

Signature: \_\_\_\_\_

F: +852.2682.9790

## **COVER LETTER**

	Registration Section Division of Corporations					
CHRIC	SWH HOLDINGS, LLC					
SOBJEC	Name of Limited Liability Company					
The enclo	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce, and check are submitted to register the above referenced foreign limited liability company to transact busines	ertificate of s in Florida.				
Please ret	eturn all correspondence concerning this matter to the following:					
	Name of Person					
HOLDEN LAW OFFICE, PC						
Firm/Company						
718 W. BUSINESS HIGHWAY 60						
	Address					
DEXTER, MO 63841  City/State and Zip Code						
	office@holdenlawoffices.com					
	E-mail address: (to be used for future annual report notification)					
For furth	ner information concerning this matter, please call:					
	Natalie D. Riley at ( 573 ) 624-6004					
	Name of Contact Person Area Code Daytime Telephone Number	20:				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	2020 SED 25 WHII				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	ा: ३३				
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy	e, Certificate				

## 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: SWH HOLDINGS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SWH Holdings-MO, 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 "L.L.C." (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) <sub>5.</sub> 718 W. Business Highway 60 Dexter, MO 63841 Dexter, MO 63841 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBALING. Name: Office Address: 115 North Calhoun St. Suite 4 Tallahassee , Florida 32301

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 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.



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8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and ad 6) total]:	dresses of the primary m	iembers/manaį	gers or persons authorized to			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:			
⊠Manager	Name: Natalie D. Riley	Manager	Name:				
Member	Address: 718 W. Business Highway 60	Member	Address:				
Authorized	Dexter, MO 63841	Authorized					
Person	<del></del>	Person					
Other	Other	Other		Other			
☐Manager	Name:	Manager	Name:				
Member	Address:	Member	Address:				
Authorized		Authorized		<u></u>			
Person		Person					
Other	Other	Other	<del></del>	Other			
Manager	Name:	Manager	Name:				
Member	Address:	Member	Address:	2			
Authorized		Authorized	-	<u> </u>			
Person		Person		= ."			
Other	Other	Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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)							
	s executed in accordance with section 605.0203 ment to the Department of State constitutes a thir						
Natalie D. Kiley							
Signature of an authorized person							
Natalie D. Riley							
Typed or printed name of signee							

STATE OF MISSOURI



John R. Ashcroft Secretary of State

## CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

SWH Holdings, LLC LC001481341

A Missouri entity was created under the laws of this State on 2/26/2016, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 25th day of September, 2020.

Secretary of State

Certification Number: CERT-IN26272

