

M21000008815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

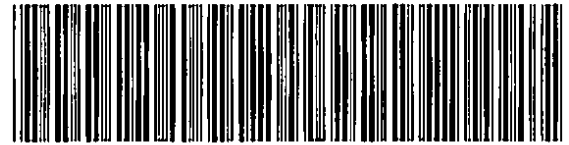
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M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWINGSET SERVICE L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian Jones

Name of Person

Swingset Service L.L.C.

Firm/Company

3950 Gateway Dr APT C4

Address

Philadelphia, PA 19145

City/State and Zip Code

brian@swingsetservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Jones

484

213-9301

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SWINGSET SERVICE L.L.C.
(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. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-222-8246
(FEI number, if applicable)
4. July 1, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o Valentin Williams
(Street Address of Principal Office)
6. 3950 Gateway Drive APT C4
(Mailing Address)
- 6848 Sorta Street
Wesley Chapel, FL 33545
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Valentin Williams

Office Address: 6848 Sorta Street

Wesley Chapel, Florida 33545
(City) (Zip code)

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.

Valentin Williams
(Registered agent's signature)

2021 JUL 12 AM 10:35
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Valentin Williams</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brian Jones</u>
<input checked="" type="checkbox"/> Member	Address: <u>6848 Sorta Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>3950 Gateway Dr APT C4</u>
<input type="checkbox"/> Authorized	<u>Wesley Chapel, FL 33545</u>	<input type="checkbox"/> Authorized	<u>Philadelphia, PA 19145</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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)

10. 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.



Signature of an authorized person

Brian Jones

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

SWINGSET SERVICE L.L.C.

0400703302

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 18, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*NEW JERSEY REGISTERED AGENT LLC
525 ROUTE 73 NORTH
SUITE 104
MARLTON, NJ 08053*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on November 05, 2020.

MEMBER

*VALENTIN D WILLIAMS
2517 S. HOWARD STREET
PHILADELPHIA, PA 19148*

MANAGING MEMBER

*BRIAN M JONES
3950 GATEWAY DRIVE APT C4
PHILADELPHIA, PA 19145*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2021

BRIAN JONES
SWINGSET SERVICE L.L.C.
3950 GATEWAY DR, APT. C4
PHILADELPHIA, PA 19145

SUBJECT: SWINGSET SERVICE L.L.C.
Ref. Number: W21000088775

We have received your document for SWINGSET SERVICE L.L.C. and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Mel Solomon
Senior Section Administrator

Letter Number: 621A00013671

RECEIVED

JUL 12 2021