

Mad20000000 4/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

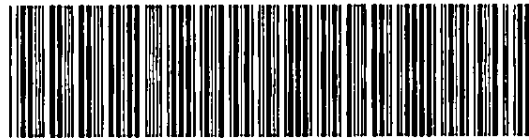
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/05/22--01014--014 **160.00

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22 JAN -5 PM 5:07
T. LEMIEUX

T. LEMIEUX

JAN -7 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWARM DIGITAL LLC

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:

TAMARA L FRIEND

Name of Person

SWARM DIGITAL LLC C/O HAYSTACK BUSINESS SOLUTIONS, INC

Firm/Company

1109 DUNHAMTOWN BRIMFIELD RD

Address

BRIMFIELD, MA 01010

City/State and Zip Code

TAMARA@SWARMSEO.COM

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

For further information concerning this matter, please call:

TAMARA FRIEND

Name of Contact Person

at (800)

Area Code

454-0187

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. SWARM DIGITAL 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. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1817034

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 359 E 62ND ST UNIT 4A

(Street Address of Principal Office)

NEW YORK, NEW YORK 10065

6. C/O HAYSTACK BUSINESS SOLUTIONS, INC

(Mailing Address)

1109 DUNHAMTOWN BRIMFIELD RD

BRIMFIELD, MA 01010

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

DAVID FUGIT

Office Address:

7818 DEER FOOT DRIVE

NEW PORT RICHEY

(City)

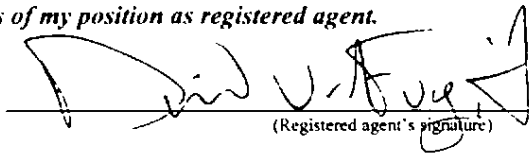
Florida

34653

(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.


(Registered agent's signature)

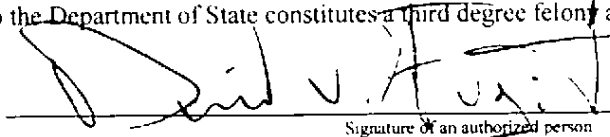
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>DAVID V FUGIT</u>	<input checked="" type="checkbox"/> Manager	Name: <u>MATTHEW J WEITZMAN</u>
<input checked="" type="checkbox"/> Member	Address: <u>7818 DEER FOOT DRIVE</u>	<input checked="" type="checkbox"/> Member	Address: <u>99 BAR BEACH ROAD</u>
<input type="checkbox"/> Authorized	<u>NEW PORT RICHEY, FL 34653</u>	<input type="checkbox"/> Authorized	<u>PORT WASHINGTON, NY 11050</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

DAVID V FUGIT, MANAGING MEMBER

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SWARM DIGITAL LLC
DOS ID Number: 5553394
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/15/2019

Statement Status: PAST DUE DATE
Statement Due Date: 05/31/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 04, 2021 at 09:40 A.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT**

ENTITY NAME : SWARM DIGITAL LLC
DOCUMENT TYPE : BIENNIAL STATEMENT
ENTITY TYPE : DOMESTIC LIMITED LIABILITY COMPANY

DOS ID : 5553394
FILE DATE : 12/30/2021
FILE NUMBER : 211230002168
TRANSACTION NUMBER : 202112300001764-487094
EXISTENCE DATE : 05/15/2019
DURATION/DISSOLUTION : PERPETUAL
COUNTY : ALBANY



SERVICE OF PROCESS ADDRESS : ROCKET CORPORATE SERVICES INC.
2804 GATEWAY OAKS DR STE 100,
SACRAMENTO, CA, 95833, USA
FILER : MATTHEW J WEITZMAN
359 E 62ND ST, APT 4A
NEW YORK, NY, 10065, USA

You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100000846961

TOTAL FEES:	\$9.00	TOTAL PAYMENTS RECEIVED:	\$9.00
FILING FEE:	\$9.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$0.00	CREDIT CARD:	\$9.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$0.00
EXPEDITED HANDLING:	\$0.00	REFUND DUE:	\$0.00