M2200066146

	(Requestor's Name)		
	(Address)		
	7.		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL.	
_	_		
	(Business Entity Name)		
	(Document Number)	-	
Certified Copies	Certificates of \$	Status	
Special Instructions to Filing Officer:			
:			
<u> </u>	.		

Office Use Only



200394055662

2022 CT 19 FT 4: 59

2022 OCT 19 PM 3:

RECEIVED

S. FRANKL 11

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 061449 4800031	
AUTHORIZATION THE PLAN	
COST LIMIT : \$ 125.00	
ORDER DATE : October 19, 2022	1971
ORDER TIME : 1:47 PM	. 19
ORDER NO. : 061449-015	ф - Р ::
CUSTOMER NO: 4800031	Ę
	ري - حکد - د د د
FOREIGN FILINGS	
NAME: SWT SPV LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

	Division of Corporations		
UBJE	SWT SPV LLC CCT:		_
		f Limited Liability Company	
		impany for Authorization to Transact Business in Florida. Ferenced foreign limited liability company to transact bus	
lease	return all correspondence concerning this matter to t	he following:	
	Anthony Pasqua		
		Name of Person	_
	Kennedy Lewis Investment Managem	nent LLC	
		Firm/Company	_
	111 West 33rd Street Suite 1910		
		Address	- سئ
	New York, New York 10120		<u> 1</u> 927 (.
	City	State and Zip Code	1
	anthony.pasqua@klimllc.com		19 -
	E-mail address: (to be u	sed for future annual report notification)	- - -
or fur	her information concerning this matter, please call:	•	ተ፡ 5
	Nikki N. Tsimbidis	202 416-5137 at ()	9
	Name of Contact Person	Area Code Daytime Telephone Number	_
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	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 DEPAI \$125.00 Filing Fee \$\square\$	& 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee.	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in	Florida The a	Itemate name must include "Limited Liability Comp	nany," "L.L.C." or "L.L
Delaware				
Ourisdiction under the law of	which foreign limited liability company is organized)	3.	(FEI number, if applies	ble)
n/a				
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to detern	o registration.) philits (
111 West 33rd Stre			111 West 33rd Street Suite 1910	
			(Mailing Address)	
reet Address of Principal Office)			(Mailing Address)	~2
New York, New York 10120		I	New York, New York 10120	7827 6
		_		,
				-
		_		
Name and street addre	ss of Florida registered agent: (P.O. Bo	x NOT ac	cceptable)	19 1. 4:50
<u> </u>	oo ay a aa a		,	
	Connection Service Company			59
Name:	Corporation Service Company			
	400411 01			
0.00	1201 Hays Street			
Office Address:				
Office Address:	*** I. I			
Office Address:	Tallahassee		32301 , Florida	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: Kennedy Lewis Investment Management LLC	■Manager	Name: KL Agent LLC 111 West 33rd Street Suite Address: New York, New York 10120	
■Member	Address:	□Member □Authorized		
□Authorized				
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		2027 U
□Other	Other	□Other		□Other
				1 5 1
□Manager	Name:	□Manager	Name:	P
□Member	Address:	□Member	Address:	55 9
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other

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

Anthony Pasqua



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SWT SPV LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINETEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWT SPV LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

25221 19 F. H. J.



Authentication: 204654335

Date: 10-19-22