

M24000004799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

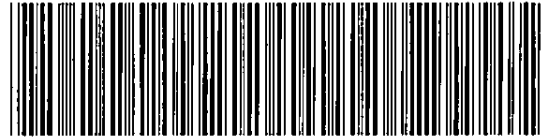
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 15 PM 4:08

APR 15 2024

K. Brumbley

**CORPORATE
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INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 4/15

CERTIFIED COPY

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FOREIGN LLC

1. SWYFFT, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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. Swyft, 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. Delaware 3. 47-2390084
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 350 Mount Kemble Ave. 6. 350 Mount Kemble Ave.
(Street Address of Principal Office) (Mailing Address)
Morristown, NJ 07960 Morristown, NJ 07960


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

Name: Registered Agent Solutions, Inc.
Office Address: 2894 Remington Green Ln., Ste. A
Tallahassee, Florida 32308
(City) (Zip code)

2024 APR 15 PM 4:10

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)

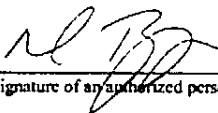
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Swyft Holdings, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Richard Trezza</u>
<input checked="" type="checkbox"/> Member	Address: <u>350 Mount Kemble Ave.</u>	<input type="checkbox"/> Member	Address: <u>350 Mount Kemble Ave.</u>
<input type="checkbox"/> Authorized	<u>Morristown, NJ 07960</u>	<input type="checkbox"/> Authorized	<u>Morristown, NJ 07960</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Mitch Sattler</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Roman Pearah</u>
<input type="checkbox"/> Member	Address: <u>2457 Care Dr.</u>	<input type="checkbox"/> Member	Address: <u>350 Mount Kemble Ave.</u>
<input type="checkbox"/> Authorized	<u>Tallahassee, FL 32308</u>	<input type="checkbox"/> Authorized	<u>Morristown, NJ 07960</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CUO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John Henley</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>350 Mount Kemble Ave.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Morristown, NJ 07960</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CCO</u>	<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

Richard Trezza

Typed or printed name of signee

Delaware

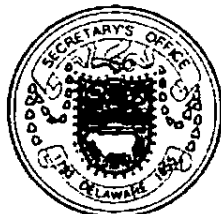
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWYFFT, 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 FIFTEENTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWYFFT, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2014.

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



5643098 8300

SR# 20241448205

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203250380

Date: 04-15-24