

M24000013793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

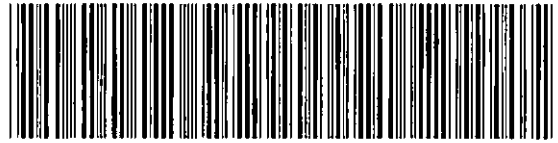
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016-12-14 14:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWG Administration, 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:

Charles Kruse

Name of Person

Year to Year Consulting, L.L.C.

Firm/Company

1580 North Point Prairie Rd

Address

Wentzville, MO 63385

City/State and Zip Code

charles.kruse@y2yc.com

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

For further information concerning this matter, please call:

Charles Kruse

636

639-1880

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. SWG Administration, 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 99-4292450
(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. 1603 Capitol Avenue
(Street Address of Principal Office)
6. 1603 Capitol Avenue
(Mailing Address)
- Suite 507B
- Suite 507B
- Cheyenne, WY 82001
- Cheyenne, WY 82001
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg . Florida 33702
(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.

David Roberts

(Registered agent's signature)

2024 OCT 15 PM 3:24

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:
Bradley and Kathryn Davis
☒ Manager Name: Family Trust

☐ Member Address: 222 Westwinds Dr

☐ Authorized Palm Harbor, FL 34683

Person _____

☐ Other _____ ☐ Other _____

Jennifer L. Holcomb Family
☒ Manager Name: Trust

☐ Member Address: 4653 Westford Circle

☐ Authorized Tampa, FL 33618

Person _____

☐ Other _____ ☐ Other _____

The 1776 Alliance dba
☒ Manager Name: Synergy Warranty Group

☐ Member Address: 10033 Sawgrass Dr. W

☐ Authorized Ste 226

Person Ponte Vedra Beach, FL 32082

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
Bradley Davis
☐ Manager Name: _____

☐ Member Address: 222 Westwinds Dr

☒ Authorized Palm Harbor, FL 34683

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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)

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.

Bradley Davis
Signature of an authorized person

Bradley Davis

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

SWG Administration, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 30, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001498236**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of September, 2024 at 10:30 AM. This certificate is assigned ID Number 075971634.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

YEAR 2 YEAR
Consulting LLC
1580 N. Point Prairie Road
Wentzville, MO 63385

"Your Compliance Solution"

Phone: (636) 639-1880
Fax: (636) 639-1233
www.y2yc.com

October 7, 2024

via U.S. Priority Mail

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for SWG Administration, LLC.

The following documents make up the application packet

- this cover letter;
- Cover Sheet
- Check #119399 for \$125.00
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Good Standing

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Charles Kruse.

Please send approval or other documents to:

Charles Kruse
Year to Year Consulting, LLC
1580 N. Point Prairie Rd.
Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,



Charles Kruse
Analyst/Licensing and Registration
Year to Year Consulting, L.L.C.
Charles.kruse@y2yc.com
Phone: (636) 639-1880
Fax: (636) 639-1233

Enclosures