

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **SWFL MANAGEMENT GROUP, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **4/18/2023** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

2830 Winkler Ave  
Unit 101  
Fort Myers, FL 33916

**8. Required Representatives**

<b>Manager</b>	Cody Lamar Kellogg	2830 Winkler Ave Fort Myers #101	FL	33916
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**9. Registered Agent/Office**

Cody Lamar Kellogg  
254 ELKHORN GREEN PL  
GEORGETOWN, KY 40324-8421

I, **Cody Lamar Kellogg**, consent to serve as the **Registered Agent** on behalf of this Entity.  
on Tuesday, April 25, 2023

As the Authorized Representative, I, **Cody L Kellogg**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **AP**