

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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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 entity is a **limited liability company**.

2. The name of the entity is

**Swfl internet solutions**

3. The name of the entity to be used in Kentucky is

**SWFL INTERNET SOLUTIONS LLC**

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **2/1/2025** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

**15585 Iona Lakes Dr, apt 585, Ft myers, FL 33908**

7. The name of the initial registered agent is

**Charlene Lippert**

and the street address of the entity's initial registered office in Kentucky is

**3819 Autumn Road, Elsmere, KY 41018-2741**

8. The names and business addresses of the entity's representatives:

**Member** Daniel Lippert 3819 Autumn Road, Elsmere, KY 41018-2741

9. This entity is managed by **Managers**.

10. This filing will be effective on **Saturday, March 29, 2025**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **President: Daniel Lippert**

I, **Charlene Lippert**, consent to serve as the Registered Agent on behalf of this entity on Saturday, March 29, 2025.