

L1400011340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

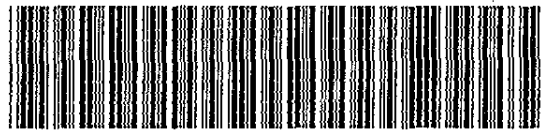
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Replacement articles, originals  
were not archived.  
SR 3/16/15



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Office Use Only

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWZO, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karl Ott, Controller  
Name of Person

Schuler, Halvorsen, Weisser, Zoeller and Overbeck, PA  
Firm/Company

1615 Forum Place Ste 4D  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

KOTT@shw-Law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl Ott, Controller at ( 561 ) 689-8180  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
**Jul 15, 2014 08:00 AM**  
**Secretary of State**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SWZO, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1615 Forum Place Ste. 4D  
West Palm Beach, FL 33463

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael J. Overbeck

Name

1615 Forum PL

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach                      FL    33401

City

Zip

*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 certificate, 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 relating to the proper and efficient performance of my duties, and I am familiar with and accept the obligations of my position as registered agent for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)



**SIGN  
HERE**

(CONTINUED)

**FILED**  
**Jul 15, 2014 08:00 AM**  
**Secretary of State**

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>Richard D. Schuler</u> <u>1615 Forum PL Ste 4D</u> <u>West Palm Beach, FL 33401</u>
<u>AMBR</u>	<u>Jason D. Weisser</u> <u>1615 Forum PL Ste 4D</u> <u>West Palm Beach, FL 33401</u>
<u>AMBR</u>	<u>William D. Zoeller</u> <u>1615 Forum PL Ste 4D</u> <u>West Palm Beach, FL 33401</u>
<u>AMBR</u>	<u>Michael J. Overbeck</u> <u>1615 Forum Place Ste 4D</u> <u>West Palm Beach, FL 33401</u>

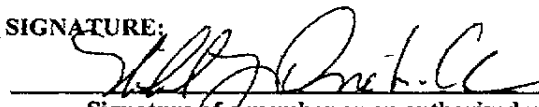
(Use attachment if necessary)

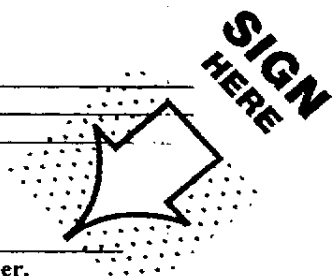
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**





Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Michael J. Overbeck  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**  
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)