

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

300003381473--9 -09/05/00--01066--013 \*\*\*\*160.00 \*\*\*\*160.00

SUBJECT: SOUTHWEST GENERAL CONTRACTORS L.L.C.

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$ 100.00 Filing fee for Articles of Organization and Affidavit

\$ 25.00 Designation of Registered Agent

\$ 5.00 Certificate of Status

\$ 30.00 Certified copy

From: Charles F. Virga 13009 Parktree Court Naples, FL 34110 (941) 592-5572

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	ARTICLES OF ORGANIZATION FOR FLORIDA LIVITED LIABILITY COMPA
•	ARTICLE I - Name:
	The name of the Limited Liability Company is:
	Southwest General Contractors L.L.C.
	ARTICLE II = Address:
	The mailing address and street address of the principal office of the Limited Liability Company is:  13009 Parktree Court
	Naples FL 34110
	ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
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	The name and the Florida street address of the registered agent are:
	Charles F. Virga
	13009 Parktree Court
	Florida street address (P.O. Box NOT acceptable) Naples FL 34110
	City, State, and 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S
	Registered Agent's Signature
	Article IV - Management (Check box if applicable.)
	The Limited Liability Company is to be managed by one manager or more managers and is,
	therefore, a manager - managed company.
	F <sub>S</sub> ≥ □
	(An additional article must be added if an effective date is requested 2

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles F. Virga

Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)