

**LO2000018495**

Larry Swarts  
Requester's Name

1309 Waterford Drive  
Address

Golden Valley, mn 55422  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**AL**

- ☐ Walk in    ☐ Pick up time    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**100006552731--8**

-07/22/02--01060--009

\*\*\*\*130.00 \*\*\*\*130.00

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

6041 NW 24<sup>th</sup> TERRACE  
BOCA RATON, FL. 33496  
1-561-997-9298

Lawrence M. Swartz

July 19, 2002

Department of State  
Division of Corporations:

Dear Sir or Madame:

Enclosed please find 4 applications for filing of Articles of Organization for LLC. I have attached a check for each in the amount of \$130.00. This is to cover Filing Fee and Certified Copy.

Please return the 4 Certified Copies in the enclosed prepaid overnight envelop.

Thank you for your cooperation

*Lawrence M. Swartz*  
Lawrence M. Swartz

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FRANCES FAMILY TRUST, LLC

## ARTICLE II - Address:

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

6041 N.W. 24<sup>th</sup> Terrace, Boca Raton, FL 33496

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

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

Laurence M. Swartz

Name

6041 N.W. 24<sup>th</sup> Terrace

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

Boca Raton

FL

33496

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.

Laurence M. Swartz

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.

(An additional article must be added if an effective date is requested)

Laurence M. Swartz

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

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laurence M. Swartz

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)

**Article V- Effective Date**

The Limited Liability Company requests an effective date of

7/19/02