

L03000016905

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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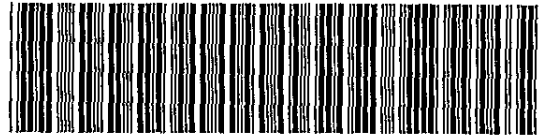
Certificates of Status _____

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03 MAY 12 AM 11:28

MAINTENANCE, LONDON



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 28, 2003

TAB DOWNARE
8012 KANSAS RD
FT. MYERS, FL 33912

SUBJECT: SWEEPER MAN, LLC
Ref. Number: W03000012008

TALLAHASSEE, FLORIDA

03 MAY 12 AM 11:28

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We have received your document for SWEEPER MAN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 903A00025665

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SWEEPER MAN, LLC

ARTICLE II - Address:

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

8012 KANSAS Rd. FT. MYERS, FL 33912

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

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

TAB DOWNARE
Name

8012 KANSAS Rd
Florida street address (P.O. Box **NOT** acceptable)

FT. MYERS FL 33912
City, State, and Zip

FILED
03 MAY 12 AM 11:28
TALLAHASSEE, FLORIDA

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.

TAB DOWNARE
Registered Agent's Signature

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

TAB DOWNARE
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.)

TAB DOWNARE
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)