

L03000020678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

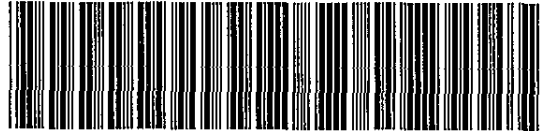
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400019743734

06/03/03--01082--013 **160.00

LA 4/9

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -3 PM 1:32

FF \$125

CC+CUS 35

30



Swap Shop Management, L.L.C.

Managing Swap Shops, Fleamarkets & Theatres.

3291 WEST SUNRISE BLVD. FORT LAUDERDALE, FLORIDA 33311-6401

Phone: 954-791-7927 Fax: 954-792-7962

May 19, 2003

Division of Corporations
P. O. Box 8478
Tallahassee FL 32314

Re: SWAP SHOP, L.L.C.

Ladies and Gentlemen:

Please file the enclosed Articles of Organization for Florida Limited Liability Company for the above-named company.

Also enclosed is our check totaling \$160.00 to cover the cost of filing fees for Articles of Organization and designation of registered agent. We request that a certified copy be mailed to us together with a Certificate of Status.

Sincerely,

Joan E. Salzer
Administrative Coordinator

Enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN -3 PM 1:32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SWAP SHOP, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3291 West Sunrise Boulevard, Fort Lauderdale, FL 33311

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

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

L.N. Cohen
Name
1000 N. State Road 7
Florida street address (P.O. Box NOT acceptable)
Margate, FL 33063
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.

L.N. Cohen
Registered Agent's Signature

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

[Signature]
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.)

Betty D. Henn
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -3 PM 1:32