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From: SE WILLIAMS LAW FIRM PA

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Florida Department of State

Division of Corporations

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**SECRETARY OF STATE
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : (302)575-0875

Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

SWAVE INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SWAVE INVESTMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

640 N. San Jacinto Street, Suite N
Hemet, California 92545

Mailing Address:

640 N. San Jacinto Street, Suite N
Hemet, California 92545

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

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

Agents and Copartners, Inc.
Name
Suite E, 773 4th Ave. North
Florida street address (P.O. Box **NOT** acceptable)
Naples FL 34102
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.,

Dwight Williams

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Annie Simmons

640 N. San Jacinto Street, Suite N
Hemet, California 92545

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

Annie Simmons

Typed or printed name of signer

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)