

L05000025821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

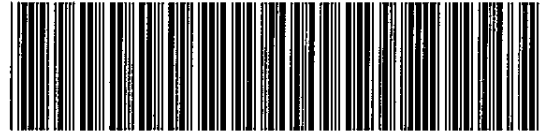
(Business Entity Name)

(Document Number)

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05 MAR 15 11:53  
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TALLAHASSEE, FLORIDA

**CORPDIRECT AGENTS, INC. (formerly CCRS)**  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ED

**DATE:** 03/15/05

**REF. #:** 0333.35892

**CORP. NAME:** S & W INDUSTRIAL CENTER, LLC

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 511788 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
S & W INDUSTRIAL CENTER, LLC

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Article I - Name

The name of the Limited Liability Company is:

S & W INDUSTRIAL CENTER, LLC

Article II - Address

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

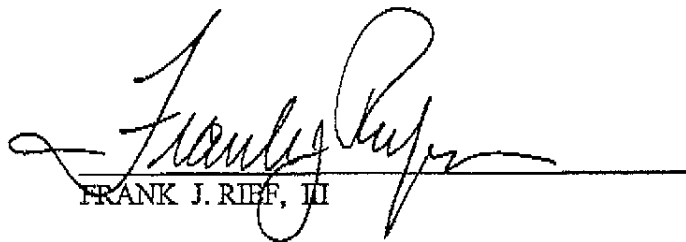
Suite 201, 104 East Fowler Avenue  
Tampa, FL 33612

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

The name and street address of the registered agent are:

Frank J. Rief, III  
442 West Kennedy Boulevard, Suite 340  
Tampa, FL 33606

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.

  
FRANK J. RIEF, III

Article IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is WILLIAM CALDERAZZO, Suite 201, 104 East Fowler Avenue, Tampa, Florida 33612.

DATED this 11<sup>th</sup> day of MARCH, 2005.

  
\_\_\_\_\_  
WILLIAM CALDERAZZO, Manager