105000033472

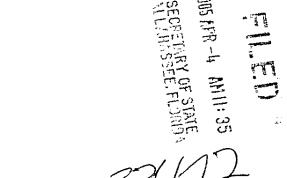
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300048132643

04/04/05--01062--023 **125.00



U05-33412

TRANSMITTAL LETTER

TO: Registration Se Division of Co						******
SUBJECT: SOUTHV	VEST FL PROPERTIES, LI	_C.				
	(Name of Limite		рапу)	, , , , , , , , , , , , , , , , , , , ,		· • -
The enclosed Articles of	f Organization and fee(s) are s	submitted for fili	ng.			
Please return all corresp	ondence concerning this matte	er to the following	ıg:			
DOUGLA	AS E. WIEBEL				_	
	(Name of Person)				
WIEBEL, HENNELL	S & CARUFE, P.A.					
· · · · · · · · · · · · · · · · · · ·		(Firm/Company)			·	2
9420 BONIT	A BEACH ROAD SUITE 2	00				
-		(Address)			-	
BONI	TA SPRINGS FL 34135				- 2	
	(Cîty	/State and Zip Coo	le)		SECT NO.	-11
For further information	concerning this matter, please	call:			2005 APR -4 SECRETARY	
DOUGLAS E. WIEBE		at (239	992-6211		明命是	1 1
(Name	of Person)	(Area Co	de & Daytime Te	elephone Number)	EE, F. LORIE	- Tanger
Enclosed is a check fo	r the following amount:				ABITE 35	l .
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cop (additional copy	ру	S160.00 F Certificate of Certified Co (additional copy	f Status & opy	
Regist Divisio	ET ADDRESS: ration Section on of Corporations Gaines Street		MAILING AI Registration So Division of Co P.O. Box 6327	ection orporations		-

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name	:
---------	-----	------	---

The name of the Limited Liability Company is:

SOUTHWEST FL PROPERTIES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9420 BONITA BEACH ROAD SUITE 200

BONITA SPRINGS FL 34135

9420 BONITA BEACH ROAD SUITE 200 BONITA SPRINGS FL 34135

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

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

DOUGLAS E. WIEBEL, CPA

Name

9420 BONITA BEACH ROAD SUITE 200

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

BONITA SPRINGS FL 34135

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.

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	FIGDONIA PROPERTIES SWFL, LLC.
	P.O. BOX 1046
	BONITA SPRINGS FL 34133
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
K	Elliebel Mamper
Signature of a mem	ber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution

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)

SECRETARY OF STATE

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Douglas E. Wiebel
Typed or printed name of signee