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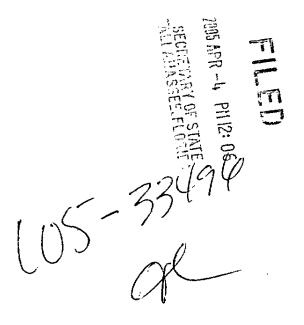
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Special Instructions to Filing Officer:			
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SWC, LLC					
(Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
. Action to the control of the contr					
David B. Dickenson, Esq. (Name of Person)					
Dickenson, Murphy, Rex and Sloan, Attorneys					
(Firm/Company)					
980 North Federal Highway, Suite 410 (Address)					
Boca Raton, Florida 33432					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
David B. Dickenson at (561) 391-1900					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is	:		
SWC, LLC	· · · · · · · · · · · · · · · · · · ·		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
980 North Federal Highway, Suite 400 Boca Raton, FL 33432	980 North Federal Highway, Suite 400 Boca Raton, FL 33432		
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the			
Robert Comparato	registered agent are:		
Name			
980 North Federal Highway, 9	Suite 400		
Florida street ad	Idress (P.O. Box NOT acceptable)		
Boca Raton City, State,	FL 33432 and Zip		
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608; F.S		

(CONTINUED)

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

Title:

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

Name and Address:

"MGR" = Manag	er		
"MGRM" = Man			
MODM		Robert Comparato	
MGRM		980 North Federal Highway, Suite 400	
		Boca Raton, Florida 33432	
		Book Hateri, Fronta Corrol	
	<u> </u>		
		The state of the s	
(Use attachment	if necessary)	-	
	• •		
NOTE: An add	itional article must be	added if an effective date is requested.	
REQUIRED SIG	GNATURE:		
		+//	
	Morris	(MMMUN)	
	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	n are true.)	
	Robert Comparato		
		or printed name of signee	
Filing Fees:	•	· · · · · · · · · · · · · · · · · ·	
\$125.00 Filing F	ee for Articles of Organiza		
	stered Agent	······································	
	d Copy (Optional)	S	
\$ 5.00 Certific	ate of Status (Optional)		