

L05000067455

(Requestor's Name)

(Address)

(Address)


(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

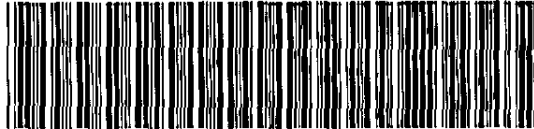
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only



900056656189

07/08/05--01021--024 **155.00

FILED
RECORDED
05 JUL - 8 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUL - 8 PM 1:51

GRAY | ROBINSON
ATTORNEYS AT LAW

SUITE 600
301 SOUTH BRONOUGH ST. (32301)
POST OFFICE BOX 11189
TALLAHASSEE, FL 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
gray-robinson.com

CLERMONT
KEY WEST
LAKE LAND
MELBOURNE
NAPLES
ORLANDO
TALLAHASSEE

05 JUL -8 PM 3:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
kjusevitch@gray-robinson.com

July 8, 2005

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, Florida 32301

Via Hand Delivery

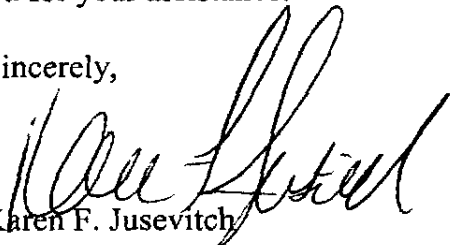
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fee and for a **CERTIFIED COPY** for the following entity:

M SWILCO, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 577-9090, when the document is ready. Thank you for your assistance.

Sincerely,


Karen F. Jusevitch
Paralegal

/kfj
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
JUL - 8 PM 3: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: M SWILCO, LLC

ARTICLE II - Address:

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

1501 GRASSLANDS BOULEVARD, #90, LAKELAND, FL 33803

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

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

SARAH WILSON, 1501 GRASSLANDS BOULEVARD, #90, LAKELAND, FL 33803

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.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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


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.)

SARAH WILSON, A MEMBER
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)