

W6000039535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

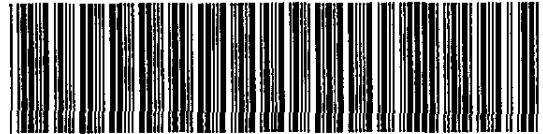
Certificates of Status _____

Special Instructions to Filing Officer:

4/13

FL LC

Office Use Only



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04/13/06--01043--018 **155.00

FILED
06 APR 13 PM 1:02
TALLAHASSEE FLORIDA

M. HODGES

SWP BUILDERS, LLC

04/06/2006

INSTRUCTIONS FOR FILING
ARTICLES OF ORGANIZATION

Attached is your Articles of Organizations for your Limited Liability Company. There is a \$155.00 fee due with the form. Please sign on the lines provided and mail both originals to:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Make your check payable to "Florida Department of State".

If you have questions regarding this return, please call on us at (850) 474-1536.

MICHAEL P. CAMPBELL, C.P.A.
BROWN, KIRKLAND & CAMPBELL, P.A.
7100 Plantation Road Suite 18
Pensacola, Florida 32504

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWP BUILDERS 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:

ZACHARY WHITE
(Name of Person)

SWP BUILDERS LLC
(Firm/Company)

1210 N 48TH AVE
(Address)

PENSACOLA FL 32506
(City/State and Zip Code)

For further information concerning this matter, please call:

ZACHARY WHITE at (850) 554-6814
(Name of Person) (Area Code & Daytime Telephone Number)

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:

SWP BUILDERS LLC

ARTICLE II - Address:

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

Principal Office Address:

1210 N 48TH AVE

PENSACOLA FL 32506

Mailing Address:

1210 N 48TH AVE

PENSACOLA FL 32506

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

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

ZACHARY WHITE

Name

1210 48TH AVE

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

PENSACOLA FL 32506

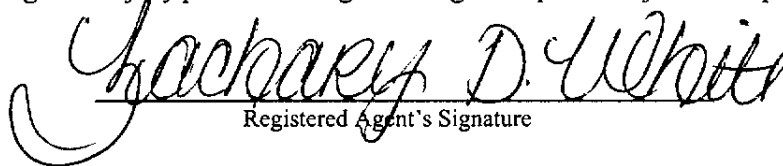
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 13 PM 1:03

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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

(CONTINUED)

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:

<u>MGRM</u>	<u>ZACHARY WHITE</u>
<u></u>	<u>1210 48TH AVE</u>
<u></u>	<u>PENSACOLA FL 32506</u>
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(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.)

ZACHARY WHITE

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)