

L060000-71242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

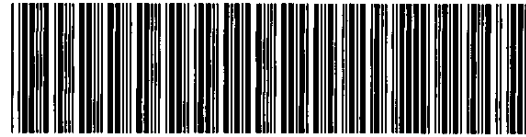
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900077460519

07/17/06--01003---007 **130.00

FILED
06 JUL 17 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH FLORIDA PR ALLIANCE, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:
GARY SCHWEIKHART

(Name of Person)

SOUTH FLORIDA PR ALLIANCE, LLC

(Firm/Company)

8461 LAKE WORTH RD, SUITE #15

(Address)

LAKE WORTH, FL 33467

(City, State and Zip Code)

For further information concerning this matter, please call:

GARY SCHWEIKHART

(Name of Person)

at (561) 756-4298

(Area Code and Daytime Phone)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

06 JUL 17 AM 11:03
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF INCORPORATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is
SOUTH FLORIDA PR ALLIANCE, LLC

ARTICLE II – Address:

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

Principal Office Address:

8461 Lake Worth Road, Suite 15
Lake Worth FL 33467

Mailing Address:

9735 Tavernier Drive
Boca Raton FL 33496

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

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

GARY SCHWEIKHART
9735 TAVERNIER DRIVE
BOCA RATON, FL 33496

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 performances 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

FILED
06 JUL 17 AM 11:03
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

The names and addresses of each Manager or Managing Member is as follows:

Title: _____

Name and Address:

“MGR” = Manager

“MGRM” – Managing Member

MGR _____

GARY SCHWEIKHART
9735 TAVERNIER DRIVE
BOCA RATON, FL 33496

MGRM _____

TERESA NEIL
6341 STONEHURST CIRCLE
LAKE WORTH, FL 33467

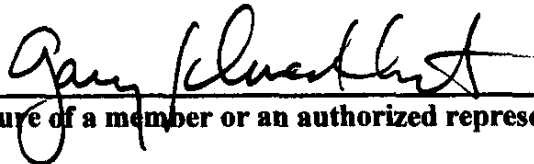
MGRM _____

MICHELLE BROWN
7487 AMBLESIDE WAY
LAKE WORTH, FL 33467

ARTICLE V: Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

GARY SCHWEIKHART _____

Typed or printed name of signee

Filing Fees:

\$125.00	Filing Fee for Articles of Incorporation and Designation of Registered Agent
\$30.00	Certified Copy (Optional)
\$ 5.00	Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 17 AM 11:03

FILED