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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: I	Registration Se	ection rporations		
SUBJEC	2,	ISAN WOOD 9	HSSOCIATE d Liability Company)	s, LLC
The enclo	osed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please ret	urn all corresp	ondence concerning this matte	er to the following:	
		Susan W	DAD	
_	Sus	AN WOOD + /	Name of Person) SSOCIATES (Firm/Company)	LL SECRETI
	11811	AVENUE	OF THE PG (Address)	FI, ZZZA
	PALM	BENCH City	State and Zip Code)	Er 3848
For furthe) Dusak	concerning this matter, please Of Person)	call: at (56) 626 (Area Code & Daytime Te	- 0292 elephone Number)
Enclosed	is a check fo	r the following amount:		
\$125.00	0 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Susaw Wood + AS	SWATES LLC
(Must end with the words "Limited Liability Company, "Limited Company,"	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11811 AVENUE OF THE PGA	SAME FRE T
PALM BEACH GARDENS, FL. 33418	TARRY C
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	d Agent. You must designate an individual or another
The name and the Florida street address of the reg	Stered agent are:
11811 AUENUE	OF THE P6A, Z-ZA s (P.O. Box NOT acceptable)
BOCA KATON F City, State, and	zip 33418
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity.	certificate, I hereby accept the appointment as

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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..

T:41	N
<u>Fitle:</u> 'MGR" = Manager	Name and Address:
MGRM" = Managing Member	
man Tall	Quanti Maan
11105 (5-2)	USIN WOOD
	PALM BEACH GARDENS, FL.
MGRM	0
majan	MOLAND LITTLE
	BACA (ATON) FL 3343
	
	
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	<u></u>
Use attachment if necessary)	
LE V: Effective date, if other than the d	
	specific and cannot be more than five business
lays after the date of filing.)	•
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	_
REQUIRED SIGNATURE:	
	or an authorized representative of a member.
Signature of a member	or an authorized representative of a member.
Signature of a member of this document constitution	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
Signature of a member of the contract of the c	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)