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10/30/06--01041--007 **55.00

11/06/06--01052--020 **70.00

06 NOV -6 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W06-47678



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2006

KARL SWISHER
3920 LIBERTY HILL DR
CLERMONT, FL 34711

SUBJECT: KARL SWISHER PRESSURE WASHING
Ref. Number: W06000047678

We have received your document for KARL SWISHER PRESSURE WASHING and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.,

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 106A00064418

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARL Swisher 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:

KARL Swisher
(Name of Person)

KARL Swisher LLC.
(Firm/Company)

3920 Liberty Hill Dr.
(Address)

CLERMONT, FL. 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

KARL Swisher at (407) 484-0670
(Name of Person) (Area Code & Daytime Telephone Number)

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)

already
received \$ 70.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KARL SWISHER LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3920 LIBERTY HILL DR SAME
CLERMONT, FL 34711

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PAMELA A. SWISHER
Name
3920 LIBERTY HILL DR
Florida street address (P.O. Box NOT acceptable)
CLERMONT FL 34711
City, State, and Zip

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TALLAHASSEE FLORIDA

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..

Pamela A. Swisher
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

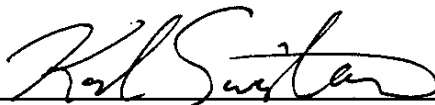
Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

KARL SWISHER

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)