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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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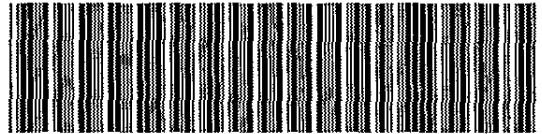
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAMBERTUS & LAMBERTUS, P. A.

ATTORNEYS AT LAW

ARTHUR W. LAMBERTUS
CHRISTINE L. LAMBERTUS*

*FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES LAWYER

2929 EAST COMMERCIAL BOULEVARD
SUITE 604

FORT LAUDERDALE, FLORIDA 33308

TELEPHONE (954) 772-1680

TELECOPIER (954) 772-1922

December 6, 2006

VIA FEDERAL EXPRESS

Division of Corporations
Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Filing of Articles of Organization
Sigwint, LLC.

To Whom it May Concern:

Enclosed is an original executed copy of Articles of Organization of Sigwint, LLC and my office check in the amount \$125.00 for the filing of the Articles of Organization.

Please file the subject Articles of Organization and return a copy to my office in the enclosed self-addressed stamped envelope.

Thanking you for your prompt attention to this matter, I remain

Very truly yours,



Arthur W. Lambertus

AWL/dba
Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE UNDERSIGNED, for the purposes of forming a Florida Limited Liability company, hereby adopts the following Articles of Organization.

ARTICLE I
NAME

The name of the company shall be:

SIGWINT FLORIDA, LLC.

ARTICLE II
ADDRESS

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

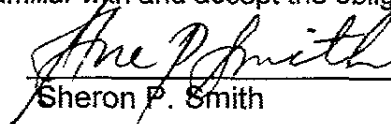
4434 NW 65 Street
Coconut Creek, Florida 33073.

ARTICLE III
REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The name and street address of the initial registered office of this company in the State of Florida shall be:

Sheron P. Smith
4434 NW 65 Street
Coconut Creek, Florida 33073

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.



Sheron P. Smith

Date: 12/6/06

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as the initial manager(s) is/are:

Sheron P. Smith
4434 NW 65 Street
Coconut Creek, Florida 33073

IN WITNESS WHEREOF, the undersigned being an initial member of the limited liability company hereby executes these Articles of Organization this 6 day of December, 2006.



Sheron P. Smith

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Sheron P. Smith, who is personally known to me or who has produced a Florida drivers license as identification, and who executed the foregoing and acknowledged before me that she/he executed the same freely and voluntarily for the purposes therein expressed, and who did take an oath.

WITNESS my hand and Official seal this 6 day of December, 2006.

Notary Public, State of Florida
My Commission Expires:



Arthur W. Lambertus
MY COMMISSION # DD305567 EXPIRES
July 22, 2008
BONDED THRU TROY FAIR INSURANCE, INC.