## L07000015074

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | e#)         |
|                         |                   |             |
| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
| ,                       | •                 | •           |
|                         | cument Number)    |             |
| ( )                     | ,                 |             |
| Certified Copies        | Certificates      | of Status   |
|                         |                   | - OI Otalus |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



900087561749

02/08/07--01021--023 \*\*125.00

O7 FEB -8 PM 12: 27
SECKLIANT LIAIT
TALLAHASSEE, FLORID

## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor |   |   |  |  |
|---|---|---|--|--|
| SUBJECT: SW 35t                         | h Circle, LLC   |   |  |  |
| SUBJECT:                                | (Name of Limited  | d Liability Compar                                  | 1y)  |  |
|   | Organization and fee(s) are su  | _   |  |  |
| Please return all correspo              | ondence concerning this matte   | r to the following:                                 |  |  |
| Deanna Clo                              |   |   | <u></u>  |  |
|   | ()  | Name of Person)                                     |  |  |
|   |   | *   | _  |  |
| <u></u>                                 | (   | Firm/Company)                                       |  | •  |
| 2515 SE 1                               | 9th Circle  |   |  |  |
|   |   | (Address)   |  | <u> </u>   |
| Ocala Flo                               | rida 34471  |   |  |  |
| Ocala, 1 io                             |   | /State and Zip Code                                 | <u> </u>   | · · · · · · · · · · · · · · · · · · ·  |
|   | ,   |   |  |  |
| For further information of              | concerning this matter, please  | call:   |  |  |
| Brenda Henson                           |   | at (801   | 494-849  | 4  |
|   | of Person)  |   |  | elephone Number)   |
| Enclosed is a check for                 | or the following amount:  |   |  |  |
| <b>✓</b> \$125.00 Filing Fee            | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Fi<br>Certified Copy<br>(additional copy i | <i>f</i>   | S160.00 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 | Registration Division Clifton B<br>2661 Exe         | urier Addression Section of Corporation uilding cutive Center ec, FL 32301 | ons<br>Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limite                               | d Liability Company is  | :  |   |
|---|---|--|---|
| SW 35th Circle, LLC   |   |  | <u> </u>  |
| (Must end with the words "Lim   | nited Liability Company, "Limi  | ted Company" or their abbreviation "LLC  | C," or "L.C.,")   |
| ARTICLE II - Addres The mailing address and                               |   | rincipal office of the Limited L   | iability Company is:  |
| Principal Office Addr   | ess:  | Mailing Address:   |   |
| 2515 SE 19th Circle   |   | 2515 SE 19th Circle  |   |
| Ocala, Florida 34471  |   | Ocala, Florida 34471   |   |
| business entity with an active  The name and the Flori  Dea               | ny cannot serve as its own Regitation.)  da street address of the anna Clotfelter  Name |  | 07 FEB -8 PM<br>SECKLIALY CA<br>TALLAHASSEE, I                          |
|   |   | Idress (P.O. Box NOT acceptable)   |   |
| Oca   | ıla,  | FL 34471   | ED<br>PM 12: 2:<br>Constant<br>E, Florid                                |
|   | City, State,  | and Zip  | ATE<br>RID  |
| liability company as<br>registered agent and a<br>statutes relating to th | t the place designated in<br>gree to act in this capaci<br>te proper and complete p     | accept service of process for the this certificate, I hereby accept ity. I further agree to comply with the company with the formance of my duties, and I existered agent as provided for in a further the company of th | the appointment as<br>ith the provisions of all<br>am familiar with and |

(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:  | Name and Address:   |
|---|---|
| "MGR" = Manager   |   |
| "MGRM" = Managing Member  |   |
| MGR   | Deanna Clotfelter   |
|   | 2515 SE 19th Circle   |
|   | Ocala, Florida 34471  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | 7   |
|   |   |
|   |   |
| (Use attachment if necessary)  CLE V: Effective date, if other than the   | e date of filing: .(OPTIONAL  |
| CLE V: Effective date, if other than the effective date is listed, the date must be   | e date of filing: (OPTIONAL<br>ne specific and cannot be more than five business days                                     |
| CLE V: Effective date, if other than the  | e date of filing: (OPTIONAL<br>ne specific and cannot be more than five business days                                     |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  | be specific and cannot be more than five business days  |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member   | er or an authorized representative of a member.   |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member (In accordance with se  | er or an authorized representative of a member.   |
| CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in Deanna Clotfelter | er or an authorized representative of a member.   |
| CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in Deanna Clotfelter | er or an authorized representative of a member.   |
| CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in Deanna Clotfelter | er or an authorized representative of a member.  Statutes an affirmation under the penalties of perjury herein are true.) |

Page 2 of 2

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