Division of Corporations 0700005796

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number

: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SW Painting LLC

Certificate of Status	1
Certified Copy	. 0
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	-	Name
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The name of the Limited Liability Company is: SW Painting LLC

ARTICLE II - Address

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

Principal Office Address:		Mailing Addres	<u>s:</u> .	
4753 Dove Cross Drive		4753 Dove C	ross Drive	
Lak sland, FL 33810	· ·	<u>Lakeland, Fl</u>	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
ADDIOVED HTT. Designed As	aut Danistand Offia	n & Dagistora	d Acontle Sion	SECK TALL
ARTICLE III - Registered Ag		e & Kegistere	" n Waenra Diân	ALL T
	Heather Rogers			ED SSEE
		Name	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	日 20 09
	5405 N. Gallowa	y Road	,	_ OR -
	(P.O. Box or N	fail Drop Box <u>NOT</u> A	(cceptable)	P
	Lakeland, FL 33	810 <u>·</u>		_
	(C	ity / State / Zip)		•

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 futies, 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 | Heather Rogers

	nager(s) or Managing Member(s):
The name and address of	feach Manager or Managing Member is as follows:
Title: "M(iR"=Manager "M(iRM"=Managing)	Name and Address: Member
MCR	Shannon Walker- 4753 Dove Cross Drive, Lakeland, FL 33810
	·
(Use attachment if nece	ssarv)
REQUIRED SIGNAT	
	Signature of a member or authorized representative of a member.
· à	In accordance with section 608.408(3), Florida Statutes, the execution of this ocument constitutes an affirmation under the penalties of perjury that the facts ated herein are true.)
_	Shannon Walker
	Shannon Walker Typed or printed name of signee FILED ROPE SEE FLORIDE Shannon Walker FILED ROPE SEE FLORIDE FILED ROPE SEE FLORIDE FILED ROPE SEE FLORIDE FILED FIL