609000112851

(Requestor's Name)	
(Address)	20016
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/24/0
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
NOV 24 2009	
EXAMINER	

Office Use Only



200162616102

11/24/09--01015--018 **125.00

RECEIVED

09 NOV 24 AN II: 18

NUMBER OF STATE

09 NOV 24 AN II: 24

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Sworks of Limi	Penay ted Liability Company	4.c
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Thomas	s A Conju	Name of Person	
		Firm/Company	
1557	CARAJERA C	Lendyerf Ro Address	<i></i>
Penry	, <i>F</i> / ci	Address () 323 47 ty/State and Zip Code	
·	E-mail address: (to be used	for future annual report notification	on)
For further information of	concerning this matter, pleas	e call:	
Thomas A	f Person	at (8.56) 	2 6577 Telephone Number
Enclosed is a check for	the following amount:	·	
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company." "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1557 CARATEON CEMANY PO 3531 Whipocawill was
Pemp, Fl. 32348 Pemp, Fl. 32547
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:
Thomas A Conyar JR
· · · · · · · · · · · · · · · · · · ·
Florida street address (P.O. Box NOT acceptable)
·
Peary FL 32347 City, State, and 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 duties, 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 assignature (REQUIRED)

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" = Manager		Name and Address:	
MCKM	-	Thomas A Conjul JR	
		Thomas A Conjul JR 3531 Whippowerill way PONY	, FI.
	_	/	
	-		
	-		
(Use attachment if		ate of filing: (OPTION)	A I.)
CLE V: Effective da ffective da ffective date is listed days after the date REQUIRED SIG	te, if other than the dad, the date must be see of filing.)	ate of filing: (OPTIONAL pecific and cannot be more than five business da	
ELE V: Effective da ffective date is listed days after the date REQUIRED SIGI	te, if other than the dad, the date must be see of filing.) NATURE: ignature of a member	pecific and cannot be more than five business da authorized representative of a member. on 608.408(3), Florida Statutes, the execution at an affirmation under the penalties of perjury	
CLE V: Effective da ffective date is listed days after the date REQUIRED SIGI S	te, if other than the dad, the date must be see of filing.) NATURE: ignature of a member of this document constitute that the facts stated herei	pecific and cannot be more than five business da authorized representative of a member. on 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjury in are true.)	
CLE V: Effective da ffective date is listed days after the date REQUIRED SIGI S	te, if other than the dad, the date must be see of filing.) NATURE: ignature of a member of this document constitute that the facts stated herei	pecific and cannot be more than five business da authorized representative of a member. on 608.408(3), Florida Statutes, the execution at an affirmation under the penalties of perjury	
CLE V: Effective da ffective date is listed days after the date REQUIRED SIGN S (t Filling Fees:	te, if other than the dad, the date must be see of filing.) NATURE: ignature of a member of this document constitute that the facts stated herei	precific and cannot be more than five business da a vauthorized representative of a member. on 608.408(3), Florida Statutes, the execution ties an affirmation under the penalties of perjury in are true.)	