

LD9000118876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100163526421

12/14/09--01032--011 \*\*155.00

FILED

09 DEC 14 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ostry DEC 15 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWEETWATER TRANSIT, 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:

NOLAN C. SWEETING  
Name of Person

SWEETWATER TRANSIT, LLC  
Firm/Company

30051 POND LANE  
Address

Big Pine Key, FL 33043  
City/State and Zip Code

NSweeting@SWHPLA.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nolan C. Sweeting at (305) 872-9520  
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)

**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:

SWEETWATER TRANSIT, LLC

(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:**

30051 Pond Lane  
Big Pine Key, FL 33043

30051 Pond Lane  
Big Pine Key, FL 33043

**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:

Nolan C. Sweeting

Name

417 PIRATES Rd

Florida street address (P.O. Box **NOT** acceptable)

Little Torch Key FL 33042

City, State, and Zip

FILED  
09 DEC 14 PM 2:14  
SECRETARY OF STATE  
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..*

X [Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

NOLAN C. SWEETING  
417 PIRATES Road  
Little Torch Key, FL 33042

MGRM

Shane M. SWEETING  
AVENUE E  
Big Pine Key, FL 33043

MGRM

FRANCENA A. SARGENT  
62 Lobster Tail Road  
Big Pine Key, FL 33043

MGRM

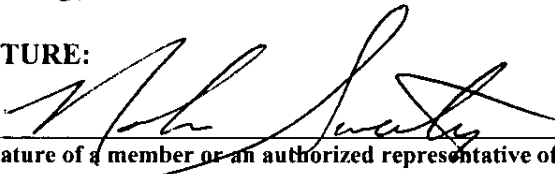
JOYCE M. SWEETING  
28568 John Silver Road  
Little Torch Key, FL 33042

(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.)

NOLAN C. SWEETING  
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)

09 DEC 14 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED