

From: The Payne Law Group
Division of Corporations

(941) 487-2800

01/12/2010 17:32

#694 P 01/00

Page 1 of 1

L16000007133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000009696 3)))



H100000096963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE PAYNE LAW GROUP, P.A.
Account Number : I20060000176
Phone : (941) 487-2800
Fax Number : (941) 487-2801

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 20 AM 8:56

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

PSWARTZ @ LAWNAY.COM

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Upside Down Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

JAN 21 2010

EXAMINER

RECEIVED

10 JAN 20 AM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

From: The Payne Law Group
850-617-8381

941 487 2801

01/20/2010 17 52

#694 P.002/004

1/19/2010 9:06:24 AM PAGE

1/001 Fax Server



January 19, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE PAYNE LAW GROUP, P.A.

SUBJECT: UPSIDE DOWN PROPERTIES, LLC
REF: W10000002290

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H10000009696
Letter Number: 710A00001339

2010 JAN 20 AM 8:56
RECEIVED
TALLAHASSEE
STATE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

UPSIDE DOWN PROPERTIES, 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:6940 - 74th St. Circle East
Bradenton, FL 34203**Mailing Address:**P. O. Box 21396
Bradenton, FL 34204**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:

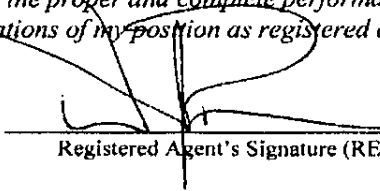
David W. Payne, Esq.

Name

240 So. Pineapple Ave., Suite 401Florida street address (P.O. Box **NOT** acceptable)Sarasota, FL 34236

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'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:

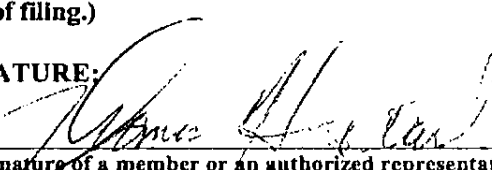
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMThomas H. SwartzP. O. Box 21396Bradenton, FL 34204______________________________

(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.)

THOMAS H. SWARTZ, Managing Member

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)