

L100000045242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

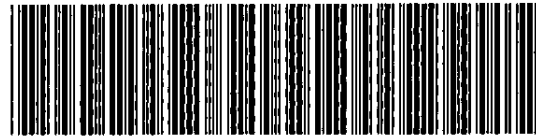
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WI-17437

Office Use Only



100173797431

04/28/10--01005--007 \*\*125.00

FILED  
10 APR 27 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2010

EXAMINER

no money

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWFL VACATION RENTALS, 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:

Donald M Laine, Jr

Name of Person

Firm/Company

W6360 LAKE ELLEN DR

Address

CASCADE, WI 53011

City/State and Zip Code

don and bobbi @ wi. rr. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald M Laine, Jr

Name of Person

at ( 414 ) 640-9031

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
10 APR 27 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2010

DONALD M. LAINE, JR.  
W6360 LAKE ELLEN DR.  
CASCADE, WI 53011

SUBJECT: SWFL VACATION RENTALS, LLC  
Ref. Number: W10000017437

FILED  
10 APR 27 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SWFL VACATION RENTALS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 110A00008747

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SWAL VACATION RENTALS, 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:

2825 Palm Beach Blvd  
# 718  
Fort Myers, FL 33916

### Mailing Address:

W6360 Lake Ellen Dr  
Cascade WI 53011

## 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:

Donald M Laine III

Name

18006 Java Isle Dr

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

Tampa FL 33647

City, State, and Zip

FILED  
10 APR 27 AM 10:30  
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.*

Donald M Laine III

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:

<u>Title:</u>	<u>Name and Address:</u>	
"MGR" = Manager		
"MGRM" = Managing Member		
<u>Vice President</u>	<u>Donald M Laine Jr</u> <u>W6360 Lake Ellen Dr</u> <u>Cascade, WI 53011</u>	42.5%
<u><del>the</del> President</u>	<u>Robert S Laine</u> <u>W6360 Lake Ellen Dr</u>	42.5%
<u>Treasurer</u>	<u>Kelly A Laine</u> <u>18066 Java Isle Dr</u> <u>Tampa, FL 33647</u>	7.5%
<u>MGRM</u>	<u>Donald M Laine III</u> <u>18006 Java Isle Dr</u> <u>Tampa, FL 33647</u>	7.5%

(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.)

Donald M Laine III

Typed or printed name of signee

FILED  
10 APR 27 AM 10:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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)