L10000065732

(Requestor's Name)
(Address)
(lauloss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
· · · · · · · · · · · · · · · · · · ·
JUN 21 2010
EXAMINE
· *** (***)4g.*

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Office Use Only

COVER LETTER

	ation Section of Corporations		
SUBJECT: Re	ferral Services of SW Florid Name of Limi	a LLC ted Liability Company	
775 1 d A	!-	- L- '(- 1 C- C1'-	
	icles of Organization and fee(s) are correspondence concerning this ma	_	
i lease return an	correspondence concerning this ma	tter to the following.	
John Na	numann		an Cr
		Name of Person	
Referra	Services of SW Florida LLC		
		Firm/Company	
45750 V	Vaite Island Drive		
13730 V	valle Island Drive	Address	
			हित्री क्ष
Ft. Mye	s, FL 33908		
		ty/State and Zip Code	
jnaumar	ninc@yahoo.com E-mail address: (to be used	for future annual report notification)	
For firsthon in form			
For further inform	nation concerning this matter, pleas	se can;	
John Naumar	n	at (239) 851-4281	
	Name of Person	Area Code & Daytime Teleph	none Number
Enclosed is a cl	neck for the following amount:		
☑\$125.00 Filing	Fee \$\square\$	\$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	Street/Courier Address Registration Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
15750 Waite Island Drive	1149 Periwinkle Way Suite B
Ft. Myers, FL 33908	Sanibel, FL 33957

The name and the Florida street address of the registered agent are:

John Naumann	
Name	
15750 Waite Island Drive	A I
Florida street address (P.O. Box NOT acceptable)	
Ft. Myers, FL 33908 FL	
City, State, and Zip	30. F

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)
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:

MGR	Jason Naumann	
	1410 Betton Rd.	
	Tallahassee, FL 32308	
MGRM	John Naumann	
	15750 Waite Island Drive	20 kg
	Ft. Myers, FL 33908	<u> </u>
		3 所語
		¥*≠
(Use attachment if necessary)		
	an the date of filing: June 1, 2010	(OPTION

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.)

John Naumann

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)