## L10000103299

Michael F. & Bonnie L. Walsh 965 Lakeridge Dr. Orange Park, FL 32065-5804 (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**EXAMINER** 

ARTICLE I - Name:	
The name of the Limited Liability Compa	any io
The name of the Limited Liability Compa	my is.
Sweet Homes Investments, LLC.	
(Must end with the words "Limite	ed 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:
2051	
965 Lakeridge Dr	965 Lakeridge Dr
Orange Park, FL 32065	Orange Park, FL 32065
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:
The name and the Florida street address o	if the registered agent are.
Bonnie L. Walsh	
	Name Sc.
965 Lakeridge Dr	LAN O
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
Orange Park	FL 32065 SRY
	City, State, and Zip
Having been named as registered agent a liability company at the place designat	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the Appointment as

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.. Registered Agent's Signature (REQUIRED)

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

> (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:

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man	,		
MGRM	<del></del>	Bonnie L. Walsh	
		965 Lakeridge Dr	
		Orange Park, FL 32065	
MGRM		Michael F. Walsh	
		965 Lakeridge Dr	
		Orange Park, FL 32065	
		<del></del>	
<del></del>	<u> </u>		
(Use attachment	if necessary)		
CLEV. Effective	data ifathanthantha	data of films. (ODTIONAL)	
		date of filing: (OPTIONAL) e specific and cannot be more than five business days pric	1(
00 days after the da		p specific and control and specific property of pro-	_
•	<b>U</b> .		
DECHIDED SIG	TREATERING.		
REQUIRED SIG	SNATURE:		
	0.	Ä	
	× Dounie à	L Walsh	
	Signature of a member	r or an authorized representative of a member.	,
	(In accordance with sec	ction 608.408(3), Florida Statutes, the execution	,
	of this document consti	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury	
	that the facts stated here	rein are true.)	
	Bonnie L. Walsh	TS D	
	Tvr	ped or printed name of signee	
	- 71	ped of printed name of signee	
Filing Fees:	.,,	Details printed name or signed	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)