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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Sweetwater Land H Name of Lin	olding Company, LLC nited Liability Company
The en	closed Articles of Organization and fee(s) at	re submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	Jason m	Name of Person
		Firm/Company
	7453 Creek	ridge Cir
	Tallahasse	e FL 32309
-	Poppell 43 @ E-mail address: (to be use	e FL 32309 City/State and Zip Code 2 embargmail. com d for future annual report notification)
For furt	ther information concerning this matter, plea	ise call:
	ason M. Poppell Name of Person	at () Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:	
] \$125.(00 Filing Fee \$\times 130.00 Filing Fee \$\times\$ Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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

Sweetwater	Land	Holding	Com	pany	LLC
(Must end	with the words "Lii	mited Liability Compa	any, "L.L.C.,	" or "LEC.")

ARTICLE Π - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7453 Creekridge Cir	7453 Creekridge Cit
Tallahassee FE	Tallahassee FL
32309	32309

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:

Jason M. Poppell

Name

7453 Creeks de Cir

Florida street address (P.D. Box NOT acceptable)

Tallahassee FL 32309

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)
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:

MGRM	Jason M. Poppell 7453 Creekridge Cir Tallahassee, FL 32309
MGRM	Jessica J. Poppell 7453 Creekridge Cic Tallahassee FL 32309
·	
· 	
Use attachment if necessary)	
	be specific and cannot be more than five business of

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.)

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)