

L10000121159

(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:

W10000054228

Office Use Only



100187747441

11/17/10--01012--019 **160.00

FILED
10 NOV 19 PM 5:42
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 18 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

DAVID A. TAGGART
P.O. BOX 520533
LONGWOOD, FL 32752

SUBJECT: U-SWIRL AT CASSELBERRY EXCHANGE LLC
Ref. Number: W10000054228

We have received your document for U-SWIRL AT CASSELBERRY EXCHANGE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 710A00027123

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U-SWIRL AT CASSELBERRY EXCHANGE 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:

DAVID A. TAGGART
Name of Person

U-SWIRL AT CASSELBERRY EXCHANGE
Firm/Company

P.O. BOX 520533
Address

LONGWOOD, FL 32752
City/State and Zip Code

DAVIDTAGGART@CFL.RZ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID A. TAGGART at 407, 844-6455
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

U-SWIRL AT CASSELBERRY EXCHANGE 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:

U-SWIRL
1046 Sherwood Drive
Altamonte Springs, FL 32701

Mailing Address:

U-SWIRL
P.O. BOX 520533
LONGWOOD, FL 32752

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 A. TAGGART

Name

646 SHERWOOD DRIVE

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

ALTAMONTE SPRINGS FL 32701

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

MGR

MGRM

Name and Address:

DAVID A. TAGGART

P.O. BOX 520533

LONGWOOD, FL 32752

BETHANY R. TAGGART

P.O. BOX 520533

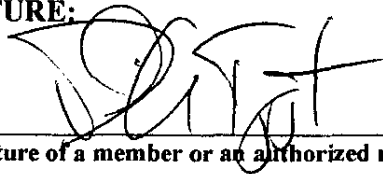
LONGWOOD, FL 32752

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 15 NOVEMBER 2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID A. TAGGART

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)

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DEPARTMENT OF STATE
ALBANY, FLORIDA