L110000 70230

| (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; | | | |
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Office Use Only

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EXAMINER



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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|--|
| SUBJE | ECT: 237 SW 44th ST LLC |
| | Name of Limited Liability Company |
| | |
| The en | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Lawrence A Shrawder |
| | Name of Person |
| | |
| | Firm/Company |
| | 107 SW 53rd TERR |
| | Address |
| | |
| (| Cape Coral, FL 33914 |
| | City/State and Zip Code |
| - | E-mail address: (to be used for future annual report notification) |
| For fur | ther information concerning this matter, please call: |
| | |
| Lawr | ence A. Shrawder at (484) 357-2058 |
| | Name of Person Area Code & Daytime Telephone Number |
| Enclos | sed is a check for the following amount: |
| \$125.00 | Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status \$\bigs\\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP ARTICLE I - Name: The name of the Limited Liability Company is: 237 SW 44th ST 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: **Mailing Address:** 237 SW 44th ST LLC 107 SW 53rd TERR 107 SW 53rd TERR Cape Coral, FL 33914 Cape Coral, FL 33914 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

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

business entity with an active Florida registration.)

| Lawrence A Shrawder |
|--|
| Name |
| 107 SW 53rd TERR |
| Florida street address (P.O. Box NOT acceptable) |
| Cape Coral, FL 33914 _{FL} |
| 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | Lawrence A. Shrawder 107 SW 53rd TERR Cape Coral, FL 33914 |
| | |
| | |
| | |
| | the date of filing: June 15, 2011 (OPTIONAL) ast be specific and cannot be more than five business days pr |
| 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.)

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)