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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

` TO:

TO: Registration Section Division of Corporations	
SUBJECT: Bookkeeping Service	s of Southwest Florida, LLC
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Nanette O. Alvarado	
	Name of Person
Bookkeeping Services of	*** **********************************
	Firm/Company
610 13th Street NW	
	Address
Naples, Florida 34120	
And the second s	City/State and Zip Code
Alvarado.Nanette@gmail.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	ase call:
Nanette O. Alvarado	at (239) 825-6728
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	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bookkeeping Services of Southwest Florida, 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:
610 13th Street NW Naples, Florida 34120	610 13th Street NW Naples, Florida 34120
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:

Nanette O. Alvarado
Name

610 13th Street NW

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

Naples, Florida 34120

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)

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Nanette O. Alvarado
	610 13th Street NW
	Naples, Florida 34120
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	he date of filing: (OPTIONAL be specific and cannot be more than five business days
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.)

Nanette O. Alvarado

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)