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OVISION OF CORPORATIONS
TALLARASSEE, FLORIDA

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SECRETARY OF STATE

J. SAULS

## **COVER LETTER**

Registration Section

Division of Corporations  SUBJECT: SWINGSETS BY DESIGN LLC	
SUBJECT: 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:	
LASHELLE KEEL	
Name of Person	
LBK ACCOUNTING LLC	
Firm/Company	
58 SIOUX CIRCLE	
Address	<b>291</b> SE
HAVANA, FL 32333	2012 JAN 18 SECRETARY ALLAHASSE
City/State and Zip Code  Ibkacct@att.net	MC
E-mail address: (to be used for future annual report notification)	FIS &
For further information concerning this matter, please call:	M 9: 43 F STATE FLORIDA
LASHELLE KEEL at ( 850 ) 539-5171	
Name of Person Area Code & Daytime Telepho	one Number
Enclosed is a check for the following amount:	
Certificate of Status 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

ARTICLE I - Name: The name of the Limited Liability Company i	s:
SWINGSETS BY DESIGN LI	
(Must end with the words "Limited Lia  ARTICLE II - Address: The mailing address and street address of the	
Principal Office Address:	principal office of the Limited Liability Company is  Mailing Address:
1910 W NELSON CIRCLE TALLAHASSEE, FL 32303	1910 W NELSON CIRCLE TALLAHASSEE, FL 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest entity with an active Florida registration.)	gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:  Secretary  ALLAHASSE
LBK ACCOUNTING I	TO LICE SEE SE
Nam	ie SSR
58 SIOUX CIRC	LE "O
Florida street a	ddress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

**HAVANA** 

(CONTINUED)

# 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" = Manager "MGRM" = Managing Member	
MGRM	MICHAEL INNES
	1910 W NELSON CIRCLE
	TALLAHASSEE, FL 32303
MGRM	MACK ALLEY
	1910 W NELSON CIRCLE
	TALLAHASSEE, FL 32303
<del></del>	——————————————————————————————————————
	SSR
	<u> </u>
	<u></u>
(Use attachment if necessary)  LE V: Effective date, if other than  ffective date is listed, the date mu	n the date of filing: (OPTION st be specific and cannot be more than five business d
days after the date of filing.)	
REGITEED SIGNATURE:	
REQUIRED SIGNATURE:	Lafte Kl
	Hand Kalender Company of the Company

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)

