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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

G. MCLEOD

APR 16 2012

EXAMINER



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COVER LETTER •

| TO: Registration of | on Section Corporations | | · |
|-----------------------|---|---|--|
| SUBJECT: SW | B LAWN MAINTEN | IANCE LLC | |
| SUBJECT: | | ed Liability Company | . , |
| The englared Article | es of Organization and fee(s) are | submitted for filing | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filling. | t . |
| Please return all cor | respondence concerning this mat | ter to the following: | • 1 |
| SHANN | NON BRADHAM | | · |
| , | | Name of Person | |
| SWB L | AWN MAINTENAN | ICE LLC | |
| | | Firm/Company | |
| 36181 | EASTLAKE RD BO | X 379 | |
| | | Address | |
| PALM H | ARBOR, FL 34685 | | |
| 10 | amsbradham | y/State and Zip Code Ao/ for future annual report no | otification) |
| For further informat | ion concerning this matter, please | e call: | : |
| SHANNON B | RADHAM | at (727) 2 | 35-1652 |
| Na | ime of Person . | Area Code & E | Daytime Telephone Number |
| Enclosed is a chec | k for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing F Certified Copy (additional copy is c | Certificate of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee, | ection Corporations ing ve Center Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICI | E I | - Na | ame: |
|--------|-----|------|------|
|--------|-----|------|------|

The name of the Limited Liability Company is:

SWB LAWN MAINTENANCE 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: | | |
|---|--|--------------|----------------------------|
| 662 8TH ST | 36181 EASTLAKE RD | | |
| 1 | BOX 379 | | |
| PALM HARBOR, FL 34683 | PALM HARBOR, FL 34685 | | |
| | · : | | |
| | gistered Office, & Registered Agent's Signatum Registered Agent. You must designate an individual or and | | |
| The name and the Florida street address | of the registered agent are: | ~ 73 | |
| SHANNON W BF | RADHAM | APR 13 | -~ **** |
| | Name | C-> | Eronander 1. De i Krasi |
| 662 8TH ST | ri en | A.K | |
| Florida s | street address (P.O. Box NOT acceptable) | ب | 7 |
| PALM HARBOR | _{FL} 34683 | 00 | - Angelia |
| | City, State, and Zip | C) | |
| | | | |

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGR | SHANNON W BRADHAM 662 8TH ST PALM HARBOR, FL 34683 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | e date of filing: (OPTIONAL oe specific and cannot be more than five business days |
| | ef or an authorized representative of a member. |
| constitutes an affirmation under I am aware that any false infor | 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) |
| SHANNON W | |

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)

Typed or printed name of signee