## L12000059176

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Centricates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE

12 MAY - I PM 1: \$2 SECRETARY OF STATE

## **COVER LETTER**

	on Section f Corporations		The state of the state of
SUBJECT:	AWING DIVA	12 K15	1 ,1 ,2
	Name of Limited	Liability Company ' · · · ·	* * * * * * * * * * * * * * * * * * *
	es of Organization and fee(s) are su	1. The state of th	
Please return all cor	respondence concerning this matter	r to the following:	4
	Cindy, bo	Hes	<u> </u>
	Swing di	CA	
<del></del>		Firm/Company	
1100	o Silver Cree		
Port	Orange FL	Address  32129 State and Zip Code  Galbo. Com future annual report notification)	
(	divaswinse	State and Zip Code  (Uallo). Com	
	E-mail address: (to be used for	future annual report notification)	
	tion concerning this matter, please of		_
<u>Cind</u>	y bates ame of Person	Area Code & Daytime Telephone	35 Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy titional 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 is:	
Swing Diva 11 (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11005 Ner Creek Run	Jane
32129	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	Batto
1100 Silver Creek	Iress (P.O. Box NOT acceptable)
Hort Orange, FL	FL 32129 ate, and Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as
	y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
	stered agent as provided for in Chapter 608, F.S
(ludgles/	alo
Registered Agent's Signet	are (KEQUIKED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
1	
	the date of filing: 4 · 24 · 2012 . (OPTIO
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: 4.24.2012 (OPTIO st be specific and cannot be more than five business
LE V: Effective date, if other than fective date is listed, the date mus	
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