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SECRETARY OF STATE

B. BOSTICK
JUN 1 3 2012
EXAMINER

COVER LETTER'

Division of Corporations				
SUBJECT: Swellguided LLC				
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:				
Daniel Putnam				
Name of Person				
Firm/Company				
101 Deland Avenue Unit#4				
Address				
Indialantic, Florida 32903				
City/State and Zip Code				
dan@swellguided.com E-mail address: (to be used for future annual report notification)	_			

For further information concerning this matter, please call: Daniel Putnam att 727 \ 642-7002	F			
Name of Person Area Code & Daytime Telephone Number	Γ			
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:	Ţ			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:
Swellguided LLC	

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
101 Deland Avenue Unit#4	101 Deland Avenue Unit#4
Indialantic, Florida 32903-3568	Indialantic, Florida 32903-3568
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the repair Daniel Putnam	ered Agent. You must designate an individual or another
Name	in the second se
101 Deland Ave	
Florida street addi	ress (P.O. Box NOT acceptable)
Indialantic	_{FL} 32903 □ □ □ □
City, Star	te, 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 "MGRM" = Managing Member	Name and Address:	
MRG	Daniel P. Putnam 101 Deland Avenue Unit#4 Indialantic, Florida 32903	
	ALLAN	12 JU!
	SSET OF S	III MIII:
(Use attachment if necessary)	ONIC	
CLE V: Effective date, if other than the	e date of filing: (OPTION oe specific and cannot be more than five business de	AL ays

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.)

Daniel P. Putnam

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)