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(Re	equestor's Name)	
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SEPARTARY OF STATE
SEPARTARY OF STATE

J. BRYAN

JUL 31 2012

EXAMINER

COVER LETTER

то:	Registration S Division of Co					
SUR	IECT: SWS	Family, LLC				
300			ed Liability Cor	npany		
The e	enclosed Articles o	f Organization and fee(s) are	submitted for fi	ling.		
Pleas	e return all corresp	ondence concerning this mat	ter to the follow	ing:		3
	Erin Wall	ker	V CD		TALL SECTION	FILEU 2: 35
			Name of Person			3
	Korshak	& Associates, P./			55.X 	_是 片
			Firm/Company		70	ن کُرِی
	950 S. W	inter Park Drive, S	Suite 320			35
	-	· · · · · · · · · · · · · · · · · · ·	Address	 	, i	<u> </u>
	Casselherr	y, FL 32707				
	Oddacideii		y/State and Zip C	ode		_
	ewalker@ke	orshaklaw.com				
		E-mail address: (to be used	for future annual	eport notification))	
For fi	urther information	concerning this matter, pleas	e call:			
Erin	n Walker		_{at (} 407	, 855-333	3	
	Name	of Person	Area C	ode & Daytime Te	elephone Number	
Encl	osed is a check fo	or the following amount:				
\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	/Courier Address ration Section on of Corporation Building Executive Center lassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI-	Name:
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The name of the Limited Liability Company is:

SWS Family, LLC

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

ARTICLE II - Address:

TILED PH 2:35 The mailing address and street address of the principal office of the Limited Liability Company

Principal Office Address:

Mailing Address:

950 S. Winter Park Drive, Suite 320

Casselberry, FL 32707

950 S. Winter Park Drive, Suite 320 Casselberry, FL 32707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Korshak & Associates, P.A.

950 S. Winter Park Drive, Suite 320

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

Casselberry

FL 32707 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Anaging Member(s): Anager or Managing Member is as follows: Name and Address: Roberta L. Springer 2731 Kenora Court Orlando, FL 32837
— · · · · · · · · · · · · · · · · · · ·	2731 Kenora Court
	Orlando, FL 32837
MGR	John C. Sanders
	120 Oolenoy Court
	Pickens, SC 29671
MGR	Judith M. Williams
	124 Oolenoy Court
	Pickens, SC 29671
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: . (OPTIONAL)
LE V: Effective date, if other than fective date is listed, the date mus	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days prior
LE V: Effective date, if other than	
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LE V: Effective date, if other than fective date is listed, the date mus	
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section constitutes an affirmation u I am aware that any false in	st be specific and cannot be more than five business days prior

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)