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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 31 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWS Family, 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:

Erin Walker

Name of Person

Korshak & Associates, P.A.

Firm/Company

950 S. Winter Park Drive, Suite 320

Address

Casselberry, FL 32707

City/State and Zip Code

ewalker@korshaklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Walker

Name of Person

at (407)

855-3333

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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:

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

Principal Office Address:

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

Mailing Address:

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.

Name

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

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