

L13000009592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100243736301

01/17/13--01010--020 **160.00

FILED

2013 JAN 17 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
DEPARTMENT OF STATE

13 JAN 17 AM 11:27

JAN 18 2013

D. BRUCE

CORPDI CT AGENTS, INC. (formerly CCRS)
515 EAST ARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 01/17/13

REF. #: 002258.179547

CORP. NAME: SM&MW PROPERTIES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 103008 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
2013 JAN 17 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION

OF

SW&MW PROPERTIES, LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the Florida Limited Liability Company Act (the "*Act*"), as follows:

NAME

The name of the Company is: SW&MW Properties, LLC.

MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Magdalena Weisz, 8124 Woodslanding Trail, West Palm Beach, FL 33411.

NAME AND ADDRESS OF MANAGER

The name and address of the sole Manager of the Company is Magdalena Weisz, 8124 Woodslanding Trail, West Palm Beach, FL 33411.

EXISTENCE

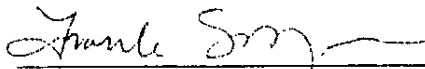
The Company's existence will commence upon filing.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: NRAI Services, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

2013 JAN 17 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



Frank Springer
Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

By:

Katie Wonsch

Katie Wonsch

Assistant Secretary

FILED

2018 JAN 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA