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	Requestor's Name)	
(Address)	
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PICK-UP	WAIT MAIL	
(1	Business Entity Name)	
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SECRETARY OF STAR



(850) 245-6051,

COVER LETTER

TO: Registration Section
Division of Corporations

SocialWorks101, 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:

Debra Jean Morriss Gwyn

Name of Person

SocialWorks101, LLC

Firm/Company

7902 West Elm Street

Address

Tampa, FL 33615

City/State and Zip Code

socialworks101@gmail.com

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

For further information concerning this matter, please call:

Debra Jean Morriss Gwyn

727 (692-692

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:
SocialWorks101, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7902 West Elm Street	7902 West Elm Street
Tampa, FL 33615	Tampa, FL 33615
business entity with an active Florida registrati The name and the Florida street addi Debra Jean Morri	ress of the registered agent are:
	Name
7902 West Elm Si	
	rida street address (P.O. Box NOT acceptable)
Tampa	FL33615
	City, State, and Zip
liability company at the place des registered agent and agree to act is all statutes relating to the proper and accept the obligations of my po	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with estition as registered agent as provided for in Chapter 608, F.S

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Debra Jean Morriss Gwyn
	7902 West Elm Street
	Tampa, FL 33615
(Use attachment if necessary)	
	ne date of filing: 2/27/2013 (OPTIONAL) st be specific and cannot be more than five business da
effective date is listed, the date mu to or 90 days after the date of filing.)	

Signature of a member of 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.)

Debra Jean Morriss Gwyn a/k/a Jeana Gwyn

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)