# L13000110702

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	:/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (	Officer:

Office Use Only



600250225536

FILING CANCELLED RETURN CHECK

08/05/13--01023--018 \*\*125.00 Effective Date \$\frac{1113}{1113}

SECRETARY OF STATE DIVISION OF CORPORATIONS

AUG - 6 2013 T. HAMPTON

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

### Southwest Highlands Investments, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

riease return an corresponde	nce concerning this matt	er to the following:	
Bruce Wh	ite		
		Name of Person	
Southwes	t Highlands	Investments,	L.L.C.
		Firm/Company	
142 Marin	a Bay Drive	Э	
		Address	
New Smy	rna Beach,	FI 32169	
		y/State and Zip Code	
centralflorida			
E	-mail address: (to be used f	or future annual report notification	on)
For further information conce	rning this matter, please	call:	
Bruce White		407 739-	8639
Name of Per	son	Area Code & Daytime	Telephone Number
Enclosed is a check for the	following amount:		
_	130.00 Filing Fee & ertificate of Status	□\$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status &

#### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street/Courier Address

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

## Effective Date 8/1/13

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILING CANCELLED
The name of the Limited Liability Company is:	RETURN CHECK
	RETORIV CHECK
Southwest Highlands Investments, L.L.C.	C
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "L.L.C."
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Duly simal Office Address	Mailing Addward
Principal Office Address:	Mailing Address:
142 marina bay drive	142 marina bay drive
new smyrna beach, fl 32169	new smyrna beach, fl 32169
The name and the Florida street address of the re	egistered agent are:
Name	
142 marina bay drive	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
new smyrna beach 32169	FI
	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Berce	D D V

Page 1 of 2

SECAL LARY OF STATE DIVISION OF CORPORATION

#### 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: FILING CANCEL
"MGR" = Manager	
"MGRM" = Managing Member	RETURN CHECK
mgr	Bruce White
-	142 marina bay drive
	new smyrna beach, fl 32169
mgrm	lan White
	142 marina bay drive
	new smyrna beach, fl 32169
mgrm	lindsey white
	821 queen rd.
	st, augustine, fl 32086
	with a second control of the second control
ffective date is listed, the date	nn the date of filing: 1 August 2013 (OPTIONAL) must be specific and cannot be more than five business days
LE V: Effective date, if other th	must be specific and cannot be more than five business days
LE V: Effective date, if other the	must be specific and cannot be more than five business days
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LE V: Effective date, if other the fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation I am aware that any false constitutes a third degree bruce white  Filing Fees:  \$125.00 Filing Fee for Articles or	must be specific and cannot be more than five business days ng.)  lember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Organization and Designation