## L13000113410

(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



100250558971

08/09/13--01004--013 \*\*160.00

13 AUG -9 AH 11: 3

SECRETARY OF STATE DIVISION OF CORPORATION

€io.

AUG 1 2 2013

T. HAMPTON

## **COVER LETTER**

TÓ:	Registration S Division of Co			``	
	Superio	or Services of SWFL, L	LC		
SUBJ	ECT:	NT CT 1	311111111111111111111111111111111111111		
		Name of Limit	ed Liability Cor	npany	
The er	nclosed Articles o	of Organization and fee(s) are	submitted for fil	ling.	
Please	return all corresp	oondence concerning this matt	er to the follow	ing:	
	Javier Jimer	nez Jr.			
			Name of Person		
	Superior Ser	rvices of SWFL			
			Firm/Company		
	4956 1/2 Juj	oiter Rd			
			Address		· · · · · · · · · · · · · · · · · · ·
	Fort Myers,	FL 33905			
			y/State and Zip C	ode	
	jimjav84@gr 				
		E-mail address: (to be used to	or future annual i	report notification)	
For fu	rther information	concerning this matter, please	call:		
Javie	er Jimenez Jr.		239	603-4841	
	Name	of Person	_ at ( Area C	ode & Daytime Tele	phone Number
Enclo	sed is a check f	or the following amount:			
<b>⊒\$</b> 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified (additional of	•	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabasses FL 22214	Regist Divisi Clifto	Courier Address tration Section on of Corporations in Building	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Superior Services of SWFL, LLC  (Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
4956 1/2 Jupiter Rd. Fort Myers, FL 33905	P.O. Box 50352 Fort Myers, FL 33905	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	
<u>Javier Jimenez Jr.</u> Name		
Name		
4462 E Riverside Dr.	ress (P.O. Box NOT acceptable)	
Fort Myers, FL 33905	css (1.0. box inor acceptable)	
City, Stat	e, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate, I hereby accept the appointmently. I further agree to comply with the provisi performance of my duties, and I am familian ristered agent as provided for in Chapter 608	nt as ions of r with
Registered Agent's Signatu	AUG -	SECRE IA
(CONTINU Page 1 of 2	9 AMII: 3	RY OF SIAIS

## ARTICLE IV- Manager(s) or Managing Member(s):

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

er	Name and A	Address:	
	Javier Jime	nez Jr.	
		and the standard and th	
		· · · · · · · · · · · · · · · · · · ·	
	**************************************		
than the da	ate of filing:		(OPTION
te must b iling.)	e specific and	cannot be more	e than five busir
_,			
	A	٨	
Davi	u Jun		
a member o	or an authorized	representative of a	member.
\		nutes the evecution of	of this document
ction 608.40	08(3), Florida Stat	·u	ry that the facts sta

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Javier Jimenez Jr.

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

SECRETARY OF SIALE
DIVISION OF CORPORATIONS

Typed or printed name of signee