13000167594

(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:				
•				
W13-63645				

Office Use Only



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EFFECTIVE DATE 01-01-14

COCCUPATION OF THE STATE OF THE

B. BOSTICK
DEC - 3 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

Swan Sisters 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:

Please return all corresp	ondence concerning this matt	er to the following	ig:		
Dougla	s S Swan				
		Name of Person			-
Swan S	Sisters LLC				
		Firm/Company		1	~
Wased	a Dr				
 		Address		· · · · · · · · · · · · · · · · · · ·	-
Lantana, Florida. 33462					
City/State and Zip Code					
homes4re	nt@netzero.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Douglas S	Swan	_{at (} 561	, 685-77	750 SS -2	
Name of Person		Area Co	de & Daytime Telep		;
Enclosed is a check for	or the following amount:			ohone Number [19]	- 1
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co		\$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	omnany ic	
The name of the Limited Liability C	ompany is.	i
Swan Sisters 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 Liab	ility Company is
Principal Office Address:	Mailing Address:	
436 Waseca Dr		
Lantana, Fl. 33462		
	Registered Office, & Registered Agent's S s its own Registered Agent. You must designate an individua on.)	
The name and the Florida street add	ress of the registered agent are:	ZOIS DEC
Douglas S Swan		
	Name	-SSE
436 Waseca Dr		
Flo	orida street address (P.O. Box NOT acceptable)	<u> </u>
Lantana,	_{EL} 33462	골등, 너
•	FL 33402	

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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Douglas S. Swan
	436 Waseca Dr.
· · · · · · · · · · · · · · · · · · ·	Lantana, FL. 33462
	
	A CO
)EC -2
(Use attachment if necessary)	PH.
	e date of filing: 0/0/2014 . (OPTIONAL9) at be specific and cannot be more than five business days
prior to or 90 days after the date of filing.)	

REQUIRED SIGNATURE:

Signature of a member or 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.)

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2013

DOUGLAS S. SWAN 436 WASECA DRIVE LANTANA, FL 33462

SUBJECT: SWAN SISTERS LLC Ref. Number: W13000063645 2618 DEC -2 PK 4: 57

We have received your document for SWAN SISTERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Most financial institutions require the name(s) and address(es) of the manager(s) - MGR's or Managing Member(s) - MGRM's to be reflected on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of each manager or managing member.

The document must be signed by a member or an authorized representative of a member.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 313A00026601