L14000119447

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900262368609

07/29/14--01012--018 **160.00

4 JUL 29 RM 9: 29

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	SWINGBACK BLAC	E LLC
		nited Liability Company
The enclosed A	rticles of Organization and fee(s) ar	e submitted for filing.
Please return all	l correspondence concerning this ma	atter to the following:
	JAMES	Montevaco Name of Person
		MED SUPPLY Firm/Company
		Firm/Company
	14260	CARLSON CIRCLE Address
		Address
	TAMPA,	FL . 33626 ity/State and Zip Code
	Ć	ity/State and Zip Code
	JIM @ JA	1 SM EDSUPPLY · COM I for future annual report notification)
For further info	rmation concerning this matter, plea	
JAME	Name of Person	727
Enclosed is a ch	neck for the following amount:	
l \$125.00 Filing	Fee \$\int\\$130.00 Filing Fee & Certificate of Status	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

SWINGBACK BRACK BRACK LIGHT SUPPORTS ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: HUGO CARLSON GREEK		
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	SWING BAC	K BLACE U.C.
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:		thed Elability Company, E.E.C., of EEC.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Same Haloo Callson Cifele		al office of the Limited Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Same Montender Designation	Principal Office Address:	Mailing Address:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	14260 CARLSON GIRCLE TAMPA FL 33626	14260 CANLSON CIRCLE TAMPA FI 33626
IAMES MCNTEVALO Name 14160 CALLSON CIPCLE Florida street address (P.O. Box NOT acceptable) TAMPA	(The Limited Liability Company cannot serve as its o	own Registered Agent. You must designate an individual or
Florida street address (P.O. Box NOT acceptable) TAMPA FL 33626 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	-	
Florida street address (P.O. Box NOT acceptable) TAMPA FL 33626 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	JAMES	MONTEVALD
Florida street address (P.O. Box NOT acceptable) TAMPA FL 33626 City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	No.	ame
City Zip Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	Florida street address (B.O.	SON CIPELE Pox NOT accontable)
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2		
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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2	City	Zip
(CONTINUED) Page 1 of 2	the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the C	except the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in thatter 605, F.S
Page 1 of 2	Registered Agent's Si	ignature (REQUIRED)
	(CONTI	NUED)
	. Page	
		- International Control of the Contr
* : * •		

MGR" = Manager AMBR IMBR AMBR AM	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
AMBR Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Same Solution Part of the Constitutes of the Constitutes a third degree felony as provided for in s.817.155, F.S.) Same Solution Part of the Constitutes o		A 41 1.
AMBR AMBR ANDREW SNYDER HZION CARLSON CIRCUE TAMPA FL 330-24 MATT SNYDER HZION CARLSON CIRCUE TAMPA FL 330-24 MATT SNYDER HZION CARLSON CIRCUE TAMPA FL 330-24 We effective date, if other than the date of filing: CV: Effective date, if other than the date of filing: CV: Effective date, if other than the date of filing: CV: Other provisions, if any. EV: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) TAMES MONTEVAGO Typed or printed name of signee Filing Fees:		
AMBR AND REW SNYDER IF ZWO CARLS OF CIRCUE TAMPA FR 330-26 MATT SNYDER IF ZWO CARLS OF CIRCUE TAMPA FR 330-26 We attachment if necessary) EV: Effective date, if other than the date of filing:	-	
AMBR 14260 CARLSON CIRCLE TAMPA FL 33626 14260 CARL		7AMPA FL 33626
AMBR 14260 CARLSON CIRCLE TAMPA FL 33626 14260 CARL	AMBR	ANDREW SNYDER
Use attachment if necessary) E.V: Effective date, if other than the date of filing: OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) E.VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		14 2100 CARISON CIRCLE
Use attachment if necessary) E.V: Effective date, if other than the date of filing:		TAMPA EL 33626
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	AMBR	MATT SILVER
Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		•
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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: Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) TAMES Mon Tena or 10.000. Typed or printed name of signee		
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) SAMES MONTENAGO Typed or printed name of signee Filing Fees:	EV: Effective date, if other than the date of ctive date is listed, the date must be specified.	
(In accordance with section 605.0203 (1) (b), 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.) TAMES HONTENAGO Typed or printed name of signee Filing Fees:	EV: Effective date, if other than the date o ctive date is listed, the date must be spec f filing.)	
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.) TAMES MONTENAGO Typed or printed name of signee Filing Fees:		
Constitutes a third degree felony as provided for in s.817.155, F.S.) TAMES MONTENAGO Typed or printed name of signee Filing Fees:	EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90
Typed or printed name of signee Filing Fees:	E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under	nber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Filing Fees:	EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trueation submitted in a document to the Department of State;
Filing Fees:	EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, as provided for in s.817.155, F.S.)
	EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, as provided for in s.817.155, F.S.)
	EV: Effective date, if other than the date of crive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, as provided for in s.817.155, F.S.)
	EV: Effective date, if other than the date of crive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are trueastion submitted in a document to the Department of State: .as provided for in s.817.155, F.S.) MES MonTenato Typed or printed name of signee