

L15000052796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

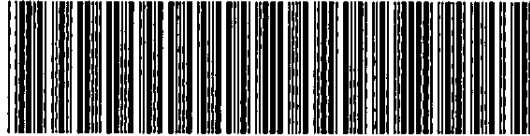
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/15--01007--008 **180.00

EFFECTIVE DATE

3/10

FILED
15 MAR -9 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2015

S. YOUNG

March 6, 2015

Donna Fink
13300-56 South Cleveland Ave.
Fort Myers, FL 33907

Florida Dept of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

I am submitting my application for Articles of Organization for Florida Limited Liability Company.

I am the the sole owner and authorized member.

If you have any questions, please contact me at 314-724-9800.

Thank you,

A handwritten signature in black ink that reads "Donna Fink". The signature is written in a cursive style with a large, stylized "D" and "F".

Donna Fink

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15 MAR -9 PM 5:06
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Guardian Angel SWF, 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:

Donna Fink (AMBR)
Name of Person

Firm/Company

13300-56 South Cleveland Ave.
Address

Fort Myers, FL 33907
City/State and Zip Code

Your Guardian Angel SWF@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Fink at (314) 724-9800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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15 MAR - 9 PM 5:00
CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Your Guardian Angel SWF, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13300-56 So. Cleveland Ave
Fort Myers, FL
33907

Mailing Address:

13300-56 So. Cleveland Ave.
Fort Myers, FL
33907

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:

Donna Niehoff Fink
Name

13300-56 South Cleveland Ave.
Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33907
City Zip

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 605, F.S.

Donna Niehoff Fink
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Donna Fink
13300-56 South Cleveland Ave
Fort Myers, FL 33907

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 10, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Donna Niehoff Fink

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.)

Donna Niehoff Fink

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)

FILED
MAR -9 PM 5:08
CLERK OF THE COURT
STATE OF FLORIDA