

# L15000101900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

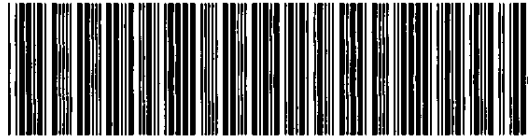
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JUN 11 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

K. SALLY  
EXAMINER  
JUN 12 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUN 11 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 27, 2015

MARY MCKINLEY  
RE: SWRE OHSD LLC  
17162 TOLEDO BLADE BLVD.  
PORT CHARLOTTE, FL 33954

SUBJECT: SWRE OHSD "LLC"  
Ref. Number: L09000076622

We have received your document for SWRE OHSD "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):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on December 7, 2014. Therefore, the enclosed document cannot be filed and is being returned to you.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 815A00011158

NOTICE: The enclosed document is being returned to you because it does not comply with the requirements of the Florida Department of State, Division of Corporations. The document is being returned to you for the following reason(s):

1. The document is not a valid document for filing with the Division of Corporations.

2. The document is not a valid document for filing with the Division of Corporations.

3. The document is not a valid document for filing with the Division of Corporations.

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10. The document is not a valid document for filing with the Division of Corporations.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWRE OHSD 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:

Mary McKinley

\_\_\_\_\_  
Name of Person

Aggressive Realty

\_\_\_\_\_  
Firm/Company

17162 Toledo Blade Blvd

\_\_\_\_\_  
Address

Port Charlotte, FL 33954

\_\_\_\_\_  
City/State and Zip Code

marylmckinley@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary McKinley

941

629-2100

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
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 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 Company is:

SWRE OHSD LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

17162 Toledo Blade Blvd  
Port Charlotte, FL 33954

Mailing Address:

17162 Toledo Blade Blvd  
Port Charlotte, FL 33954

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:

Mary McKinley

Name

17162 Toledo Blade Blvd

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte

FL

33954

City

State

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..*

Mary McKinley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Mary McKinley

17162 Toledo Blade Blvd

Port Charlotte, FL 33954

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

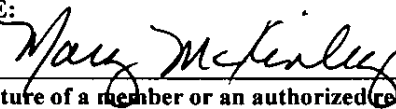
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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.)

Mary McKinley

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)