

OCT/22/2015/THU 10:26 AM

FAX No.

P. 013

Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MIZELL LAW FIRM, P.A.
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Phone : (941) 575-9291
Fax Number : (941) 575-9296

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.
SUNLIFE SWF, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 AM 2:02

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**ARTICLES OF ORGANIZATION
OF
SUNLIFE SWF, LLC**

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is SUNLIFE SWF, LLC.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950, and the street address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company is to be managed by a sole manager and therefore is a manager-managed company. The name and address of the manager authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

Manager

KATHRYN WILLIAMSON
511 South Crete Court
Punta Gorda, FL 33950

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

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(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 therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in F.S. 817.155).

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 22nd day of October, 2015.

Witnesses:


Print Name: Anne Cormier


KATHRYN WILLIAMSON, Manager


Print Name: Kim DUTTON

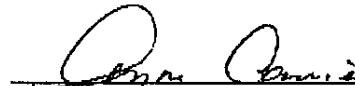
STATE OF FLORIDA
COUNTY OF CHARLOTTE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared KATHRYN WILLIAMSON to me known to be the person described as authorized representative, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 22nd day of October, 2015.



ANNE CORMIER
MY COMMISSION # FF 243741
EXPIRES: June 23, 2019
Banded Three Budget Notary Services


Anne Cormier
Notary Public – State of Florida
Commission No. FF 243741
My Commission Expires: June 23, 2019

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is SUNLIFE SWF, LLC.
2. The name and address of the registered agent and office is:

KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950

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 of the Florida Statutes.


KATHRYN WILLIAMSON

Dated: October 22, 2015

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