1500184429

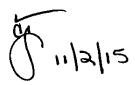
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300278409063

10/26/15--01042--006 **160.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dru and Bring	Hany Swain LLC of Limited Liability Company
The enclosed Articles of Organization and fed	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Dru Swa	Name of Person
	Firm/Company
47.910 Skip	Valx Cove
4296 Skip	Address
	City/State and Zip Code C21 @ gmail. com cused for future annual report notification)
For further information concerning this matter,	·
DN Swain Name of Person	at (850) 428-1248 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	* & \$155.00 Filing Fee & \$160.00 Filing Fee,
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address:	tortubalt Stiffe Common to
e mailing address and street address of the principal office of	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
4296 Skipjack Cove Niceville, FL 32578	4296 Skipjack Cov- Nicentle, Ft 32578

Dry and Brittany Swain LLC

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL Dry Swain Jy

Name

4294 Skipjack Cv

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

Nicepile FL 32578

Nicentle FL 32578
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 OCT 26 PM 2: 55

AMBR MICHAEL Dru Swain, Jr 4296 Skip ack Cove Nicenile, FL 32578 Britany Swain 4296 Skip ack Cove Nicenile, FL 32578 (Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	"MGR" = Manager AMBR	Michael Dru Swain, Jr 4296 Skip, ack Cove
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		Nicentle, FL 32578
E V: Effective date, if other than the date of filing: (OPTIONAL) sective date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	AMBR	
EV: 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.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent's effective date on the Department of State's records.		· · · · · · · · · · · · · · · · · · ·
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 96 f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.		
E V: Effective date, if other than the date of filing: (OPTIONAL) sective date is listed, the date must be specific and cannot be more than five business days prior to or 96 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.	**************************************	
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 96 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.		**************************************
ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 f filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.		
		GR (OPPIONAL)
	E V: Effective date, if other than the date of ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of S	ic and cannot be more than five business days prior to or 9 t the applicable statutory filing requirements, this date will no
REQUIRED SIGNATURE:	E V: Effective date, if other than the date of extive date is listed, the date must be specifif filing.) the date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 9 t the applicable statutory filing requirements, this date will no
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	ective date is listed, the date must be specification. The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed I am aware that any false interest of the specific of	the applicable statutory filing requirements, this date will no State's records. Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State	E V: Effective date, if other than the date of active date is listed, the date must be speciff filing.) the date inserted in this block does not meet nent's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meeted I am aware that any false into constitutes a third degree fellows.	the applicable statutory filing requirements, this date will no State's records. Deer or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.

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)

Page 2 of 2

SS