

L16000040244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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CLERK OF COURT
JANUARY 2016

2/22/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Swaying Oaks Investment, 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:

Jonathan W. Ponader

Name of Person

Firm/Company

8270 Arborfield Ct.

Address

Fort Myers, Florida 33912

City/State and Zip Code

NatureandNursery@gmail.com

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

For further information concerning this matter, please call:

Jonathan W. Ponader

239

826-5168

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

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

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16 FEB 19 PM 2:43
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

EFFECTIVE DATE 02/15/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Swaying Oaks Investment, LLC.

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

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ARTICLE II - Address:

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

Principal Office Address:

8270 Arborfield Ct.

Fort Myers, Florida 33912

Mailing Address:

8270 Arborfield Ct.

Fort Myers, Florida 33912

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:

Jonathan W. Ponader

Name

8270 Arborfield Ct.

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

Fort Myers

Florida

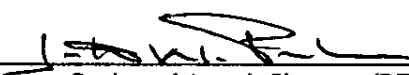
33912

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)

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

AMBR

Fort Myers, Florida 33905

AMBR

8270 Arborfield Ct, Fort Myers, FL 33912

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