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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	PemberSadwin P.L.	
SUBJEC		f Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning th	is matter to the following:
	Colin R. Pember	
		Name of Person
	PemberSadwin	
		Firm/Company
	5434 Avenida Del Mare	
		Address
	Sarasota, Florida 34242	
	colinpember@verizon.net	City/State and Zip Code
	E-mail address: (to be	used for future annual report notification)
For further	information concerning this matter, p	lease call:
	Colin R. Pember	941 650-5975 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 Statu	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

COLIN R. PEMBER 5434 AVENIDA DEL MARE SARASOTA, FL 34242

SUBJECT: PEMBERSADWIN P.L. Ref. Number: W16000070967

We have received your document for PEMBERSADWIN P.L. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 416A00022407

www.sunbiz.org

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITE	D LIABILITY COMPANY	
. D. T. C. T. L. V.				FILED
ARTICLE I - Name: The name of the Limited Liability	-			2016 NOV 21 AM 8: 48
Pember 5 (Must end v	vith the words "Limited	P.L.L.	ny, "L.L.C.," or "LLC.")	TACLAHE SEE, FLOOIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	office of the Limit	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Ade	dress:
5434 Avenida Del Ma	are	54	34 Avenida Del Mare	
Sarasota, FL 34242		Sa	rasota, FL 34242	
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registrati	on.)	i. You must designate an i	ndividual of
	Colin R. Pember			
		Name		
	5434 Avenida Del N	/are		
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	
	Sarasota	FL	34242	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the ob-	I hereby accept the apportions of all statutes i	pointment as regist relating to the proj	ered agent and agree to ac er and complete performa	ct in this capacity. I nnce of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

Citle:	Name and Address:
AMBR" = Authorized Member	Marini OLD FLOTO
MGR" = Manager	Colin B. Dombon
AMBR	Colin R. Pember 5434 Avenida Del Mare
	Sarasota, FL 34242
A MDD	Howard Sadwin
AMBR	5653 Creekwood Circle
	Sarasota, FL 34233
Man	
MGR	Colin R. Pember
	5434 Avenida Del Mare Sarasota, FL 34242
	Sarasota, FL 34242
MGR	Howard Sadwin
	5653 Creekwood Circle
V: Effective date, if other than the dative date is listed, the date must be so filling.)	Sarasota, FL 34233 te of filing:
ctive date is listed, the date must be a filling.) the date inserted in this block does no nent's effective date on the Department of the Provisions, if any.	Sarasota, FL 34233 te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no not of State's records.
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) The date inserted in this block does not nent's effective date on the Department of the Department.	Sarasota, FL 34233 te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. This for a professional service corporate of a filling for a professional service corporate of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is exectly a may a service of a filling document is executed as a service of a filling document is execute	Sarasota, FL 34233 te of filing:

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)