

470000061689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

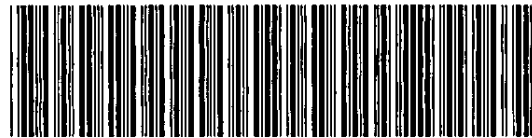
(Business Entity Name)

(Document Number)

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

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03/21/17--01004--022 \*\*125.00

FILED  
17 MAR 20 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2017

Department of State  
Division of Corporations

Clifton Building  
2661 Executive Center Drive  
Tallahassee, FL 32301

Reference: Caro of SWFL, LLC  
Florida Document Number: L15000085880

Dear Department:


It has come to our attention that our limited liability company All Realty LLC was dissolved administratively.

At this time I would like to release our document number L15000085880 as the authorized member of this limited liability company.

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlotta Rose". The signature is stylized with a large, looping "C" and a prominent "R".

Carlotta Rose  
Authorized Member

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Caro of SWFL, 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:

Carlotta Rose  
Name of Person  
Caro of SWFL, LLC  
Firm/Company  
709 Cape Coral Pkwy W  
Address  
Cape Coral, FL 33914  
City/State and Zip Code  
rolf.rose@axa.de  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlotta Rose 239 540-2612  
Name of Person at (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caro of SWFL, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

709 Cape Coral Pkwy W  
Cape Coral, FL 33914

Paul Str. 10  
Mulheim, DE 45470  
Germany

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:

Lawrence Swan

Name

709 Cape Coral Pkwy W

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

Cape Coral FL 33914

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

Rose, Carlotta

Paul Str. 10

Mulheim, DE 45470 Germany

Rose, Rolf

Paul Str. 10

Mulheim, DE 45470 Germany

(Use attachment if necessary)

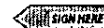
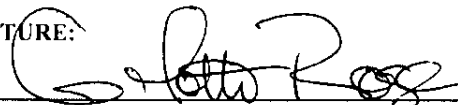
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ . (OPTIONAL)

(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.**

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.

Carlotta Rose

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)**