

L17000126194

Florida Department of State
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H170001539013ABC.

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

From: Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239) 948-1823
Fax Number : (239) 948-1826

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Swientek & Preissel Insurance Agency, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
SWIENTEK & PREISSEL INSURANCE AGENCY, LLC**

ARTICLE I - NAME

The name of the limited liability company is **Swientek & Preissel Insurance Agency, LLC**, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
22723 Fountain Lakes Boulevard
Estero, Florida 33928

Mailing Address:
22723 Fountain Lakes Boulevard
Estero, Florida 33928

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

L&L PARA, Ltd. Co.
27911 Crown Lake Boulevard, Suite 209
Bonita Springs, Florida 34135

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.

L&L PARA, Ltd. Co., a
Florida limited liability company

By: 

Richard D. Lyons
Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

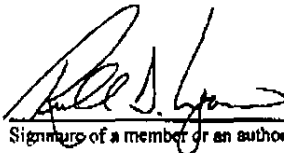
Manager (MGR)

Alisha Swientek
22723 Fountain Lakes Boulevard
Estero, Florida 33928

Manager (MGR)

William Preissel
8840 Terrene Court, Unit 103
Bonita Springs, Florida 34135

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.

Richard D. Lyons

Typed or printed name of signer