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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

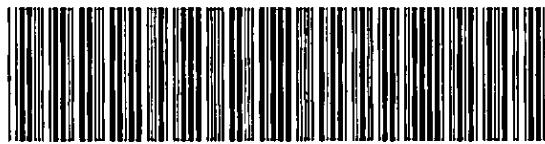
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only



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05/08/18--01030--026 \*\$130.00

18 MAY -8 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

D. O'KEEFE  
MAY 14 2018

LARRY M. STEWART, P.A., Attorney at Law

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73 S.W. Flagler Avenue, Stuart, FL 34994  
Post Office Box 809, Stuart, FL 34995  
Office (772) 283-8191  
Facsimile (772) 283-4396  
[lms2ep@bellsouth.net](mailto:lms2ep@bellsouth.net)

May 1, 2018

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: Swedish Lodge, LLC

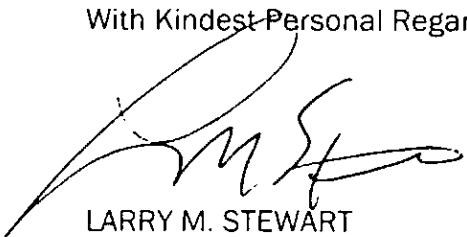
TO WHOM IT MAY CONCERN:

Enclosed please find Articles of Organization for Swedish Lodge, LLC. Also enclosed please find our check in the amount of \$130.00 for your filing fee.

Please return the Certificate of Status to our office at the address above.

Thank you for your assistance in this matter.

With Kindest Personal Regards.



LARRY M. STEWART  
LMS/It  
Enclosures

COVER LETTER

TO: **New Filing Section  
Division of Corporations**

SUBJECT: **Swedish Lodge, 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:

Robert F. Hussey

**Name of Person**

Swedish Lodge, LLC

**Firm/Company**

10664 SW Whooping Crane Way

**Address**

Palm City, FL 34990

**City/State and Zip Code**

rfh219@yahoo.com

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

For further information concerning this matter, please call:

Robert F. Hussey 516 313-7205  
\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Swedish Lodge, LLC

(Must contain 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:

10664 SW Whooping Crane Way  
Palm City, FL 34990

Mailing Address:

10664 SW Whooping Crane Way  
Palm City, FL 34990

**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:

Larry M. Stewart, PA

Name

73 SW Flagler Ave

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

Stuart

FL

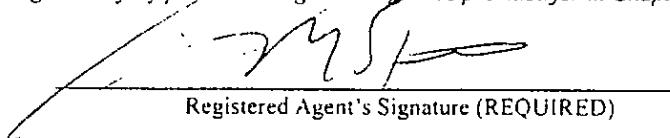
34994

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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, MGR

**Name and Address:**

Staffan Bergqvist  
Norra Villavagen 2 a  
237 34 Bjarred, Sweden

AMBR, MGR

Henrik Jonsson  
Norra Villavagen 11b  
237 34 Bjarred, Sweden

AMBR, MGR

Markus Matthiasson  
Ostra Haggyviksvagen 12  
236 34 Hollyiken, Sweden

AMBR, MGR

Marcus Reineholm  
Virvelvagen 3  
232 36 Arlov, Sweden

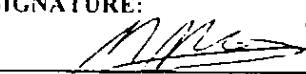
(Use attachment if necessary) See Attachment "A"

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.

Markus Matthiasson

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Attachment "A"

ARTICLE IV - continued

Title

"AMBR" = Authorized Member  
"MGR" = Manager

NAME AND ADDRESS

AMBR, MGR

Tom Wiksten  
Sparringeaven 12  
590 47 Vikingstad, Sweden

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TALLAHASSEE, FLORIDA