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

From:
        Account Name    : WILSON TAX & ACCOUNTING INC.
        Account Number  : 120150000107
        Phone           : (941)625-1925
        Fax Number      : (941)625-1526
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _CREST @ TAXSAVERSFL. NET_

FLORIDA LIMITED LIABILITY CO.

SWFL Maintenance LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SWFL Maintenance 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:	**Mailing Address:**
3520 SW 7th Ter	3520 SW 7th Ter
Cape Coral, FL 33991	Cape Coral, FL 33991

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:

Donnelly Construction LLC
_____
Name

3520 SW 7th Terrace
_____
Florida street address (P.O. Box **NOT** acceptable)
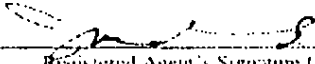
Cape Coral	FL	33991
City	State	Zip

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

Title	Name and Address:
AMBR	Donnelly Construction LLC 3520 SW 7th Terrace Cape Coral, FL 33991
AMBR	Juan Jose Pena 4401 Skyline Blvd Cape Coral, FL 33914
AMBR	Paul Michael Adams 4345 Skyline Blvd Cape Coral, FL 33914

(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.
Any and all lawful business.

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.

Donnelly Construction LLC
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)