

219000021716

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

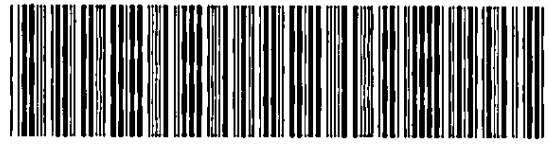
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KSWK, LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

01/25/19

Name _____

Date _____

Time _____

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ARTICLES OF ORGANIZATION

OF

KSWK LLC

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

**ARTICLE I
NAME AND PRINCIPAL OFFICE**

The name of this limited liability company is KSWK LLC, and its principal office and mailing address is located at 30033 Sunset Pointe, Deer Island, FL 32778.

**ARTICLE II
DURATION**

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

**ARTICLE III
PURPOSE**

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
MANAGER MANAGED**

The limited liability company will be manager managed and the names and addresses of the managers authorized to manage and control the limited liability company is:

Manager: WALLIS OWENS of 30033 Sunset Pointe, Deer Island, FL 32778

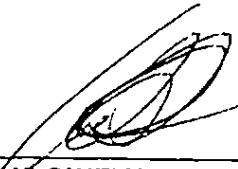
Manager: KAREN OWENS of 30033 Sunset Pointe, Deer Island, FL 32778

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**ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT**

The initial registered office of this limited liability company shall be located at 30033 Sunset Pointe, Deer Island, FL 32778, and the initial registered agent of the limited liability company at that address shall be WALLIS OWENS.

IN WITNESS WHEREOF, the undersigned, has executed these Articles of Organization for this limited liability company this 2nd day of January, 2019.



WALLIS OWENS, authorized representative of Member

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TALLAHASSEE, FLORIDA



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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.

Dated this 27 day of January, 2019.



WALLIS OWENS
30033 Sunset Pointe
Deer Island, FL 32778

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