## 119000047249

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DATE: 02-20-19

NAME: SP SPRING HILL, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: 130.00

RETURN: GOOD STANDING CERTIFICATE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

absie Hody

## **COVER LETTER**

	New Filing Section Division of Corporations		
SUBJEC	T: SP Algood, LLC		
		Limited Liabil	ity Company
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.
Please ret	turn all correspondence concerning this	matter to the f	ollowing:
	W. Clarke Swanson, Jr.		
		Name of	Person
	Swanson Properties, LLC		
		Firm/Co	npany
	340 Tamiami Trail N., Suite 350		
		Addr	ess
	Naples, FL 34102		
	clarke@swansonfamilyestate.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further	information concerning this matter, ple	ease call:	
	Chris Fenolio	415	484-3538
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	sling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Stiling Fee & Stiling Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	r I (	Street Address  New Filing Section  Division of Corporations  Clifton Building  661 Executive Center Circle  Callahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ų	, LLC			
(Must o	contain the words "Limite	d Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre			ŕ	
	cipal Office Address:		Mailing Ado	<u>iress</u> :
144 10th Avenue Naples, FL 3410			Tamiami Trail N., Suite	: 350
		110	nes, PL 34102	<del></del>
(The Limited Liability Comp another business entity with The name and the Florida str	an active Florida registrate	ion.)		ıdividual or
		Name		
	155 Office Plaza Di	rive ss (P.O. Box <u>NOT</u> a	ccentable)	
	Tallahassee	_		
	City	FL State	32301 Zip	
laving been named as registere lace designated in this certifice urther agree to comply with the m familiar with and accept the	ate, I hereby accept the app e provisions of all statutes i obligations of my position	pointment as registere relating to the proper as registered agent e	ed agent and agree to act and complete performan is provided for in Chapte	in this capacity. I
	Regis	tered Agent's Signati	are (REQUIRED)	
		(CONTINUED)		FEB 20

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Swanton Donantina LLC
AMDK	Swanson Properties, LLC 340 Tamiami Trail N., Suite 350
	Naples, FL 64102
	11001001 1 20 0 1 1 0 2
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ctive date is listed, the date must be spe [filing.] he date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ctive date is listed, the date must be spet filing.)	ecific and cannot be more than five business days prior to or 90 d neet the applicable statutory filing requirements, this date will not b
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EV: Effective date, if other than the date crive date is listed, the date must be specifiling.)  the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  Signature of a ment of this document is executed a maware that any false constitutes a third degree  W. Clarke Swanson	mber or an authorized representative of a member. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-