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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

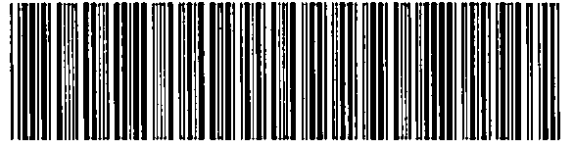
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR 28 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 4 2019

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

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March 25, 2019

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

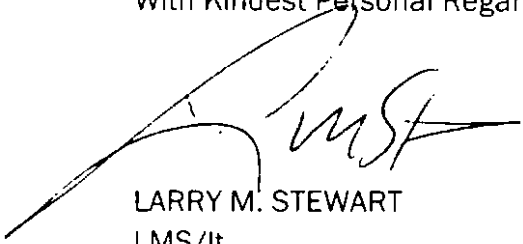
RE: SWD Associates, LLC Formation

TO WHOM IT MAY CONCERN:

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

Thank you for your assistance in this matter.

With Kindest Personal Regards,

A handwritten signature in black ink, appearing to read 'LMS', is written over a horizontal line.

LARRY M. STEWART
LMS/lt
Enclosures

COVER LETTER

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

SUBJECT: SWD Associates, 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:

Stephen W. De Lise, Sr.

Name of Person

SWD Associates, LLC

Firm/Company

2448 SW Bridgeview Terrace

Address

Palm City, FL 34990

City/State and Zip Code

swdelise@gmail.com

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

For further information concerning this matter, please call:

Stephen De Lise, Sr.	772	600-8854
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

SWD Associates, 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:

2448 SW Bridgeview Terrace
Palm City, FL 34990

Mailing Address:

2448 SW Bridgeview Terrace
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:

Stephen W. De Lise, Sr.

Name

2448 SW Bridgeview Terrace

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

Palm City

FL

34990

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR 28 AM 10:36

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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.

Stephen W. De Lise

Registered Agent's Signature (REQUIRED)

(CONTINUED)

