

L19000 181279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

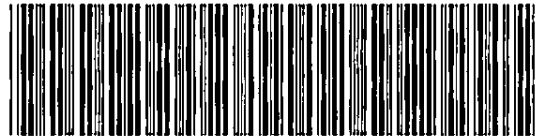
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 JUL 11 2:13



PROCOPIO
525 B Street
Suite 2200
San Diego, CA 92101
T. 619.238.1900
F. 619.235.0398

MONICA CRUZ
LEGAL SECRETARY
619.515.3284
MONICA.CRUZ@PROCOPIO.COM

DEL MAR HEIGHTS
LAS VEGAS
PHOENIX
SAN DIEGO
SILICON VALLEY

July 10, 2019

VIA FEDERAL EXPRESS: 7909 6970 1180

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 3230a

Re: New Limited Liability Company

Dear Sir or Madam:

Attached please find the cover letter and articles of organization to form Southwell Brothers LLC and check 109959 in the amount of \$130.00.

We also enclose a Federal Express envelope with a return label to return the Certificate of Status to our attention as soon as it is processed.

Please do not hesitate to contact us if you have any questions. Thank you in advance for your prompt assistance to process this request.

Best regards,

A handwritten signature in black ink, appearing to read 'Monica Cruz', with a large, stylized circular flourish at the end.

Monica Cruz, of
Procopio, Cory, Hargreaves & Savitch

MCR
Enclosures as stated.

COVER LETTER

TO: New Filing Section
Division of Corporations

19 JUL 11 2:12 PM

19 JUL 11 2:12 PM

SUBJECT: SOUTHWELL BROTHERS 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:

c/o Patrick W. Martin

Name of Person

Procopio, Cory, Hargreaves & Savitch LLP

Firm/Company

525 B Street, Suite 2200,

Address

San Diego, CA 92101

City/State and Zip Code

monica.cruz@procopio.com

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

For further information concerning this matter, please call:

Patrick W. Martin

619

515-3230

at ()

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:

19 JUL 11 21 0: 16

SOUTHWELL BROTHERS 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:

1012 E Osceola Parkway Suite 32
Kissimmee, FL 34744

1012 E Osceola Parkway Suite 32
Kissimmee, FL 34744

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:

Freedomtax Accounting & Multiservices Inc.

Name

1016 E Osceola Parkway

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

Kissimmee, FL 34744

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Hector E. Buenfil

principle address

Alejandro Buenfil

principle address

(Use attachment if necessary)

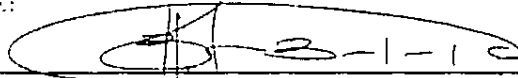
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Hector E. Buenfil

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)