L20000237395

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/14/2020	_				#WALK IN#
entity name SWH F	PARTNERS, LLC	<u> </u>			
DOCUMENT NUMBER					
	PLEASE FILE	THE ATTACK	IED AND RETUR	PN	
	Plaix Copy				
XXXX	Certified Copy Certificate of Statu	ಚ			
*	*PLEASE OBTAIN THE	FOLLOWING	FOR THE ABOVE	E ENTITY**	
	Certified Copy of A Certificate of Good		als		
	APOSTILLE'/	/ NOTARIAL	CERTIFICATION	DN	
COUNTRY OF DESTINA NUMBER OF CERTIFICA					
TOTAL OWED \$130.0	0			t: 12016000007;	2
Please call Tina at i	the above number fo	or any issue		l F <i>III</i> Thank you so	much!

COVER LETTER

TQ:	New Filing Sec Division of Co				
SUBJI	SWH Parti				
อบเม	ECT:		nited Liab	ility Company	
The en	closed Articles of	Organization and fee(s) ar	e submitte	ed for filing.	
Please	return all correspo	ondence concerning this ma	atter to the	e following:	
	Catherine H	ernandez			
			Name o	of Person	
	SWH Partne	ers, LLC			
			Firm/C	Company	
	2007 Bigno				
	e 1.0 *** (1.0 ***)		Add	dress	
	Melbourne.	FL 32901			
	1-1		ity/State a	and Zip Code	
		nerine@gmail.com E-mail address: (10 be used	for future	e annual report notificati	ion)
For furt		ncerning this matter, please		,	•
	Catherine He		21	591-4400	
	Nan			Daytime Telephon	e Number
Enclos	ed is a check for t	he following amount:			
□\$12	5.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. I	ng Address Filing Section on of Corporations flox 6327 assee, FL 32314		Street Address New Filing Section Der Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY AUG 14 AM 9: 02

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

(Must contain	the words "Limited	Liability Company, '	'L.L.C.," or "LLC.")
ICLE II - Address:			
nailing address and street addre	ess of the principal o	ffice of the Limited	Liability Company is:
<u>Principal C</u>	Office Address:		Mailing Address:
2007 Bignonia Street		Same	:
Melbourne, FL 32901			
ICLE III - Registered Agent, Limited Liability Company car eer business entity with an acti	moi serve as its own	Registered Agent. Y	t's Signature: 'Ou must designate an individual (
Limited Liability Company can ter business entity with an acti- name and the Florida street add	nnot serve as its own we Florida registration ress of the registered	Registered Agent. You.) Lagent are:	
Limited Liability Company can ter business entity with an acti- name and the Florida street add	nnot serve as its own ve Florida registratic	Registered Agent. You.) I agent are:	
Limited Liability Company can ter business entity with an acti- name and the Florida street add	nnot serve as its own we Florida registration ress of the registered	Registered Agent. You.) Lagent are:	
Limited Liability Company can ter business entity with an acti- name and the Florida street add	nnot serve as its own we Florida registration ress of the registered	Registered Agent. You.) I agent are: Name	
Limited Liability Company can ter business entity with an active name and the Florida street add	nnot serve as its own we Florida registration ress of the registered Catherine Hernande, 2007 Bignonia Stree	Registered Agent. You.) I agent are: Name	ou must designate an individual (
Limited Liability Company can ter business entity with an active name and the Florida street add	nnot serve as its own we Florida registration ress of the registered Catherine Hernande, 2007 Bignonia Stree	Registered Agent. You.) Lagent are: Name	ou must designate an individual (

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.

(CONTINUED)

Title: "AMBR" = Authorized Member "NACID" = Nacional	Name and Address:
"MGR" = Manager MGR	Catherine Hernandez 2007 Bignonia Street Melbourne, FL 32901
(Use attachment if necessary)	

ARTICLE VI: Other provisions, if any. Any and all Business Purposes.

the date of filing.)

angreet e ist

REQUIRED SIGNATURE:

the document's effective date on the Department of State's records.

Signature of a member or an authorized representative of a member.

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

This document is executed in accordance with section 605.0203 (1) (h), 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.

Cathrine Hernandez

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)