

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000262319  
FILED 8:00 AM  
August 24, 2020  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
SOUND CONCEPTS OF SWF L.L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
820 NE 24TH LANE  
UNIT 105  
CAPE CORAL, FL. 33909

The mailing address of the Limited Liability Company is:  
1506 NE VAN LOON LANE  
CAPE CORAL, FL. 33909

**Article III**

The name and Florida street address of the registered agent is:  
ROBERT L MOAKE  
1506 NE VAN LOON LANE  
CAPE CORAL, FL. 33909

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.

Registered Agent Signature: ROBERT L MOAKE

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: PR  
ROBERT L MOAKE  
1506 NE VAN LOON LANE  
CAPE CORAL, FL. 33909

Title: MGR  
GWEN LEGLER  
1506 NE VAN LOON LANE  
CAPE CORAL, FL. 33909

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### **Article V**

The effective date for this Limited Liability Company shall be:

08/24/2020

Signature of member or an authorized representative

Electronic Signature: ROBERT L MOAKE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.