

Division of Corporations Electronic Filing Cover Sheet

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· To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

FLORIDA LIMITED LIABILITY CO. SWERVE CREW/SWRV CRW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SWERVE CREW/SWRV CRW, 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:
24 NE 1ST AVE	24 NE IŞT AVE
SUITE 106	SUITE 106
DANIA BEACH FL 33004	DANIA BEACH FL 33004

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:

THE LAW OFFICE	S OF NICK SPRADLI	N. PULC
	Name	
4300 BISCAYNE B	LVD. STE 203	
Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable)
MIAMI	FLORIDA	23137
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:

(Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot he more than five business days prior to or 90 days a te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list coment's effective date on the Department of State's records. CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS PURPOSE 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. Find a maware 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. NICKOLAS J. SPRADLIN AUTHORIZED REP OF A MEMBER Typed or printed name of signee Filing Feys: \$ 30.00 Certified Copy (Optional)	<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:		
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