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PICK-UP	WAIT	MAIL
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SECRETARY OF TRAIS

TALLAHASSEE, STABES

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# **COVER LETTER**

	Registration Section Division of Corporations				
SUBJEC	Swaim Home Improvements, LL	_C			
SODJE		Name of Limited	Liability Company		
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.		
Please ro	eturn all correspondence concernin	g this matter to the	: following:		
Joseph C	. Swaim				
	Name of Person	· · · · ·	<del></del>		
Swaim H	ome Improvements, LLC				
	Firm/Company		<del></del>		
13812 SV	W 8th Street #212				
	Address	• •	<del></del>		
Miami, F	lorida 33184			23 (AL)	
	City/State and Zip Co	de		3 FEB 23 ECREIAN LLAHASS	77
Swaimho	omeimprovements@gmail.com			3 2 3 1 A S S	[
E-1	mail address: (to be used for future	annual report noti	fication)	, ,	1
For furth	ner information concerning this ma	itter, please call:		PHII: 2	
Joseph C	. Swaim	954 at (	605-9840	<u> </u>	
	Name of Person		Area Code & Daytime Telepho	ne Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810	
	Enclosed is a check for the follow	ving amount:			
,	S25 Filing Fee	<u>a</u> :	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Swaim Hom Name of L	ne Improvements, LLC Limited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this t	matter to the following:	
Joseph C	Name of Person	
Swaim Home	Improvements, LLC Firm/Company	
13812 SW 8+	h St #212 Address	
Miami, F Swaimhomein	-lorida 33184 City/State and Zip Code porovenents (gmail, com	
E-mail address: (to be use For further information concerning this matter, plea	ed for future annual report notification)	
Joseph Swaim all	- Acu ≧≅ 🛱	
Enclosed is a check for the following amount:	noun	·
\$125.00 Filing Fee Certificate of Status		i)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
13812 SW 8th St #212	
Miami, F. 33184	
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:	
Name	
13812 SW 8th St #212	
Florida street address (P.O. Box NOT acceptable)	
$\frac{V14m1}{City} = \frac{3389}{Zip}$	
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. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Manager	Joseph Swaim 1010 NW 128th Ct Miami, FL 33182	
		· 
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the	date of tiling: (OPT	FIONAL)
e date of filing.)  Sote: If the date inserted in this block does	not meet the applicable statutory filing requirements, the ment of State's records.	prior to or 90 days after
te date of filing.)  Sote: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, th	is date will not be listed as
ne date of filing.)  Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, the ment of State's records.	is date will not be listed as
te date of filing.)  Sote: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirements, the ment of State's records.	is date will not be listed as    A   C   C   C
REQUIRED SIGNATURE:  Signature of This document is e 1 am aware that any	not meet the applicable statutory filing requirements, the ment of State's records.	is date will not be listed as  SECRETARIA SSEE FROM STANDARD CONTROL OF STANDARD CONTR
REQUIRED SIGNATURE:  Signature of This document is e 1 am aware that any	a member or an authorized representative of a mem- executed in accordance with section 605.0203 (1) (b). Florable information submitted in a document to the Depar	is date will not be listed as  SECRETARIA SSEE FROM STANDARD CONTROL OF STANDARD CONTR

## 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)