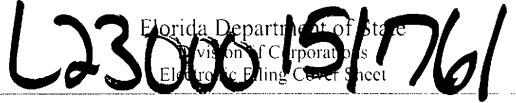
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001246413)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

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

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## FLORIDA LIMITED LIABILITY CO. **SWV PHASE 4, LLC**

Certificate of Status	()
Certified Copy	()
Page Count	02
Estimated Charge	\$125.00

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Help

To: 8506176381@cctax.com Fax. (850) 617-6381

Page: 2 of 3

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(((H23000124641 3)))

ARTICLES OF ORGANIZATION FOR FLORIL	A LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	•
SWV Phase 4, 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  Principal Office Address:	the Limited Liability Company is.  Mailing Address:
4224 RENAISSANCE PRESERVE WAY	4224 RENAISSANCE PRESERVE WAY
FORT MYERS, FL 33916	FORT MYERS, FL 33916
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Marcia Davis		
	Name	
4224 RENAISSANC	E PRESERVE WA	Y
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
FORT MYERS	FL	33916
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.

(CONTINUED)

. . . .

ARTICLE IV-

## (((H23000124641 3)))

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Me	nber
"MGR" = Manager	
AMBR	Southwest Florida Affordable Housing Choice Foundation, It
	4224 RENAISSANCE PRESERVE WAY
	FORT MYERS, FL 33916
	<del></del>
EV: Effective date, if other	than the date of filing: (OPTIONAL)
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)