

W23000319/68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

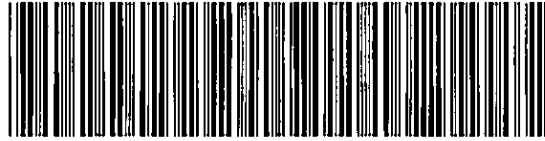
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Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600411357936

Ed Chen

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SECRETARY OF STATE
TALLAHASSEE, FL

AP

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[Faint handwritten text]



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 07/07/23
Order #: 1231518-1
Re: SWFL FIDUCIARIES, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**ARTICLES OF ORGANIZATION FOR
SWFL FIDUCIARIES, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

ARTICLE I - Name

The name of the Limited Liability Company is SWFL FIDUCIARIES, LLC.

ARTICLE II - Address

The mailing address of the principal office of the Limited Liability Company is 15820 Briarcliff Lane, Fort Myers, Florida 33912, and the street address of the principal office of the Limited Liability Company is 15820 Briarcliff Lane, Fort Myers, Florida 33912.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be from the time the Articles of Organization are filed, until December 31, 2050, except as otherwise provided in Article VI.

ARTICLE IV - Management

The Limited Liability Company is to be managed by two (2) managers and the names and addresses of such managers who are to serve as managers until their successors are elected and qualified are:

Sherry Lynn Stubing
15820 Briarcliff Lane
Fort Myers, Florida 33912

Todd David Stubing
15820 Briarcliff Lane
Fort Myers, Florida 33912

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ARTICLE V - Admission of Additional Members

The members may admit additional members upon the unanimous vote of all members, and payment towards capital of the sum required by said vote.

ARTICLE VI - Members Rights to Continue Business


The remaining members of the Limited Liability Company may continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, if the remaining members agree by vote.

ARTICLE VII - Registered Agent

The name and street address of the initial registered agent is:

Sherry Lynn Stubing
15820 Briarcliff Lane
Fort Myers, Florida 33912

IN WITNESS WHEREOF, we, the undersigned, being the members of the Limited Liability Company mentioned for the purpose of forming a Limited Liability Company under the laws of the State of Florida do make, subscribe, acknowledge and file the foregoing Articles of Organization, hereby certifying that the facts therein stated are true, and accordingly set our hands and seals at Fort Myers, Florida this 6th day of July, 2023.

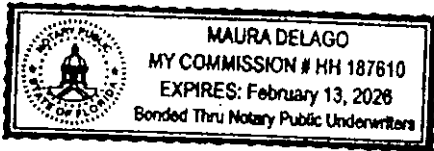

SHERRY LYNN STUBING, Member


TODD DAVID STUBING, Member

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STATE OF FLORIDA)
)
COUNTY OF LEE)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 6th day of July, 2023 by Sherry Lynn Stubing, who is personally known to me or who has produced _____ as identification.

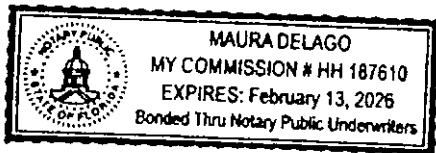


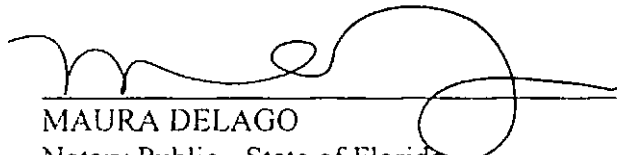


MAURA DELAGO
Notary Public - State of Florida
Commission No. HH 187610
My Commission Expires: 02/13/2026

STATE OF FLORIDA)
)
COUNTY OF LEE)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 6th day of July, 2023 by Todd David Stubing, who is personally known to me or who has produced _____ as identification.





MAURA DELAGO
Notary Public - State of Florida
Commission No. HH 187610
My Commission Expires: 02/13/2026

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TALLAHASSEE, FL

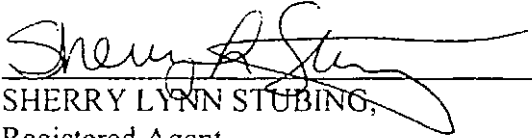
ACCEPTANCE BY REGISTERED AGENT

In pursuance of Chapter 605.0113 (2), Florida Statutes, the following is submitted, in compliance with said Act:

That SWFL FIDUCIARIES, LLC, a Florida Limited Liability Company, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at Fort Myers, County of Lee, State of Florida, has named Sherry Lynn Stubing, 15820 Briarcliff Lane, Fort Myers, Florida 33912, County of Lee, State of Florida, as its agent to accept service of process within this State.

ACCEPTANCE BY REGISTERED AGENT:

Having been named as Registered Agent to accept service of process for the above stated LLC, at the place designated in this certificate, I hereby accept to act in this capacity, acknowledge that I am familiar with the obligations of this position and agree to comply with the provisions of said Act relative to keeping open said office.


SHERRY LYNN STUBING,
Registered Agent

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