Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

: (800)342-9856

Fax Number

: (800)354-3381

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO. SOUTHWEST DESIGN GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		on our assumment as activities of the output
ARTICLE I - Name The name of the Lim	r: nited Liability Company is	
Southwest Design Grou	up LLC	
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	гея::	
The mailing address	and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Ad	dress:	Mailing Address:
4861 Luster Leaf Lane		1022 Yankers Ave-
Sarasota, FL 34241		Yonkers Ave, NY 10704
(The Limited Liabilit another business enti	istered Agent, Registere y Company cannol serve ity with an active Florida i orida street address of the	
	George Efstathlou	
		Name
	3801 Kingaton Boulevard	
	Florida street address	P.O. Box NOT acceptable)
	Sarasota	FL 34238
	City	7in

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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title;	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMOR — MANAGER	George Eistelhiou
	3801 Kinston Boulevard
	Saragola, FL 34238
	Kelly Alecotu
	4861 Luster Leaf Lane
	Serasole, FL 34238
100.000	
	
(Use attachment if necessary)	
LEV: Effective date, if other than the date	e of filing: as affective date (OPTIONAL) secific and caunot be more than five business days prior to or 9
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LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (in accordance with section constitutes an affirmation u	ember or an authorized representative of a member

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Flling Fees;

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)