pg 1 of 3

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(((H24000103396 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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.

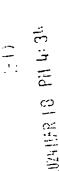
# Sweetwater Hill, LLC

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lial	bility Company is:		
Sweetwater Hill, LL	.c		
(Must c	onatin the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal o	office of the Limi	ted Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
7093 Ox Bow Rd		7(	193 Ox Bow Rd
Tallahassee, FL 323	12		illahassee, FL 32312
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida street	any cannot serve as its owr an active Florida registration	n Registered Ager on.)	gent's Signature: nt. You must designate an individual or
		Name	
	7093 Ox Bow Rd	<u>_</u>	
	Florida street addres	ss (P.O. Box <u>NO</u>	[acceptable)
	Tallahassee	FL	32312
	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.,

Demory Boeneke
Registered Agent's Signature (REQUIRED)

(CONTINUED)



# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager 7093 Ox Bow Rd Tallahassee, FL 32312 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

## **REOUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

Demory Borneke

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware 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.

Demory Hoeneke, Authorized Signer

Typed or printed name of signee

### Filing Fces:

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

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)