L24000224911

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartifued Capies Contitionates of Status
Certified Copies Certificates of Status
Consideration of Filling Off.
Special Instructions to Filing Officer:

Office Use Only



100429515401

05/13/24--01073--021 **160.00

2024 ibir 15 11 9:52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ŚW	Acquisitions	Group Ll	
(Must contai	n the words "Limited	Liability Company	. "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal of	office of the Limited	d Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
SH Micina	L	5	4 Marian Ct
Number 3	<u> </u>		11.40 Fl 33578
	it, Registered Office,	r Registered Agent.	4 Marina CE iceville FL. 33578 ent's Signature: You must designate an individual of
ARTICLE III - Registered Agen	at, Registered Office, annot serve as its own tive Florida registration	n Registered Agent. on.) d agent are:	ent's Signature:
ARTICLE III - Registered Agen The Limited Liability Company conther business entity with an ac	at, Registered Office, annot serve as its own tive Florida registration	n Registered Agent. on.) d agent are:	ent's Signature:
ARTICLE III - Registered Agen The Limited Liability Company conther business entity with an ac	At, Registered Office, cannot serve as its own tive Florida registration of the registere and the regi	n Registered Agent. on.) d agent are:)	ent's Signature:
ARTICLE III - Registered Agen The Limited Liability Company conther business entity with an ac	at, Registered Office, annot serve as its own tive Florida registration	n Registered Agent. on.) d agent are:)	ent's Signature:
ARTICLE III - Registered Agen The Limited Liability Company conther business entity with an ac	at, Registered Office, cannot serve as its own tive Florida registered diress of the registere Daniel F	n Registered Agent. on.) d agent are: PLUSON Name MA LL. ss (P.O. Box NOT)	ent's Signature: You must designate an individual o
ARTICLE III - Registered Agen The Limited Liability Company conther business entity with an ac	it, Registered Office, cannot serve as its own tive Florida registration of the registere Daniel F	n Registered Agent. on.) d agent are: PLUSON Name MA LL. ss (P.O. Box NOT)	ent's Signature: You must designate an individual o

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..

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	0 . 101	
AMBR	Daniel Peterson	
	Sy Marina (t. Nice Ville, FL 32578	
	NICE VITE PL 525/8	
AMBR	11.	
	Agtorio Garcia	
	Niceville FL 30-578	
	_	
AMBR	Feier Auviri	
<u> </u>	SU Macina Cu	
	N: will FL 3257 7	
(Use attachment if necessary)		
fective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department.	the of filing:	-
fective date is listed, the date must be so of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will not	
fective date is listed, the date must be sof filing.) If the date inserted in this block does not iment's effective date on the Department. E. VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will not	
fective date is listed, the date must be sof filing.) If the date inserted in this block does not iment's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 timeet the applicable statutory filing requirements, this date will not	
fective date is listed, the date must be sof filing.) If the date inserted in this block does not iment's effective date on the Department. E. VI: Other provisions, if any. REQUIRED SIGNATURE: January Public REDUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not not of State's records.	
Rective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. E. VI: Other provisions, if any. REOURED SIGNATURE: John Public Signature of a to This document is executed.	t meet the applicable statutory filing requirements, this date will not not of State's records. Manual of State of a member or an authorized representative of a member. Extended in accordance with section 605.0203 (1) (b), Florida Statutes.	
Rective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. E. VI: Other provisions, if any. REOURED SIGNATURE: John Pull Signature of a to This document is executed an aware that any fall.	t meet the applicable statutory filing requirements, this date will not not of State's records. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of a member of the	
RECUIRED SIGNATURE: Signature of a to This document is executed in the second and the second an	t meet the applicable statutory filing requirements, this date will not not of State's records. member or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
RECUIRED SIGNATURE: Signature of a to This document is executed in the second and the second an	t meet the applicable statutory filing requirements, this date will not not of State's records. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of a member of the	
RECUIRED SIGNATURE: Signature of a to This document is executed in the second and the second an	t meet the applicable statutory filing requirements, this date will not not of State's records. member or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	be
RECUIRED SIGNATURE: Signature of a to This document is executed in the second and the second an	member or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee	be
RECUIRED SIGNATURE: Signature of a to This document is exect I am aware that any falconstitutes a third degree.	member or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees:	be
RECUIRED SIGNATURE: John Department Signature of a to This document is exect I am aware that any fall constitutes a third degree. \$125.00 Filling Fee for Articles of Constitutes of Constitutes and the state of t	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Peruson Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	be
REOURED SIGNATURE: Signature of a to This document is exect I am aware that any fal constitutes a third degree \$30.00 Certified Copy (Optional)	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	be
REOUIRED SIGNATURE: John Department Signature of a to This document is exect I am aware that any fall constitutes a third degree. \$125.00 Filling Fee for Articles of Constitutes of Constitutes and the signature of Constitutes of	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	be
REOURED SIGNATURE: Signature of a to This document is exectly a ware that any falconstitutes a third degree of \$30.00 Certified Copy (Optional)	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	be
REOURED SIGNATURE: Signature of a to This document is exectly a ware that any falconstitutes a third degree of \$30.00 Certified Copy (Optional)	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	
REOUIRED SIGNATURE: Signature of a to This document is exect I am aware that any fal constitutes a third degree \$30.00 Certified Copy (Optional)	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	be
state date is listed, the date must be soffiling.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. REOURED SIGNATURE: Signature of a real transport of the document is exect 1 am aware that any factoristitutes a third degree to be a series of the constitutes of th	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Putuson Typed or printed name of signee Filing Fees: Deganization and Designation of Registered Agent	bu