

LD0000117240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

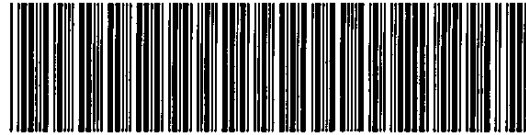
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12/18

Submitted LLC on LP form

Office Use Only



900081014969

Effective Date

12/07/06

10/23/06--01008--026 \*\*1051.25

1100.00

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DIVISION OF CORPORATIONS  
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ef. dak  
(P)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schwarz Partners Packaging, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Bennett, CFO

(Name of Person)

Schwarz Partners, L.P.

(Firm/Company)

5505 West 74th Street

(Address)

Indianapolis, IN 46268

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Bennett

(Name of Person)

at ( 317 ) 290-1140

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2006

TOM BENNETT  
5505 W. 74TH STREET  
INDIANAPOLIS, IN 46268

SUBJECT: SCHWARZ PARTNERS PACKAGING, LLC  
Ref. Number: W06000046624

We have received your document for SCHWARZ PARTNERS PACKAGING, LLC and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms submitted to this office are for forming a Florida Limited Partnership, however it appears by the name you are registering you are trying to form a Florida Limited Liability Company. If you want to form a limited partnership, please change the suffix throughout the document to LP or LLLP and make the other corrections mentioned in this letter. If you want to form a limited liability company, please complete the enclosed forms in their entirety and be sure the following corrections mentioned in this letter are done on that form as well. The fees you paid are for a limited partnership, therefore if you want an LLC, our office will owe you a refund in the amount of \$901.25. You will need to request that in writing if you want an LLC vs. a LP or LLLP and may send that back to my personal and confidential attention at the below address.

The registered agent must sign accepting the designation.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 23, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 806A00063215



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2006

TOM BENNETT  
5505 W. 74TH STREET  
INDIANAPOLIS, IN 46268

SUBJECT: SCHWARZ PARTNERS PACKAGING, LLC  
Ref. Number: W06000046624

We have received your document for SCHWARZ PARTNERS PACKAGING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 23, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 306A00068745

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Effective Date 12/01/06

Schwarz Partners Packaging, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

Schwarz Partners Packaging, LLC  
5505 West 74th Street  
Indianapolis, IN 46268

#### Mailing Address:

Schwarz Partners Packaging, LLC  
5505 West 74th Street  
Indianapolis, IN 46268

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jack W. Schwarz

Name

540 Harbor Point Road

Florida street address (P.O. Box **NOT** acceptable)

Longboat Key, FL 34228

City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR	Jack W. Schwarz 5505 West 74th Street Indianapolis, IN 46250
MGRM	John Schwarz 5505 West 74th Street Indianapolis, IN 46268
MGRM	Jeffrey Schwarz 5505 West 74th Street Indianapolis, IN 46268

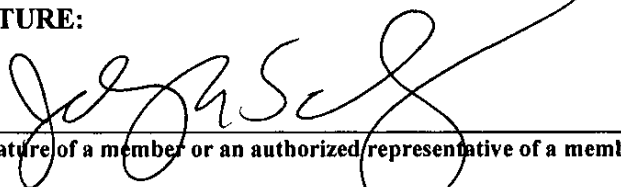
(Use attachment if necessary)

Corrected Date: 12/01/06

**ARTICLE V:** Effective date, if other than the date of filing: 8/31/06 (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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey A. Schwarz

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS  
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