

L07000075070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

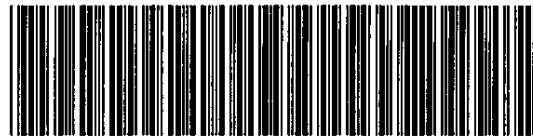
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800106291888

07/19/07---01007--014 **125.00

FILED
2007 JUL 19 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDWEST PARTNERS 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:

Kathleen C. Passidomo, Esq.

(Name of Person)

Kelly, Passidomo & Alba, LLP

(Firm/Company)

2390 North Tamiami Trail, Suite 204

(Address)

Naples, Florida 34103

(City/State and Zip Code)

FILED
2007 JUL 19 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kathleen C. Passidomo, Esq.

(Name of Person)

at (239) 261-3453

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Midwest Partners, 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:

2223 N. Seminary Avenue
Chicago, Illinois 60614

Mailing Address:

2223 N. Seminary Avenue
Chicago, Illinois 60614

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:

Kathleen C. Passidomo, Esq.

Name

2390 North Tamiami Trail, Suite 204

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

Naples

FL 34103

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)

Page 1 of 2

FILED
2007 JUL 13 PM 2:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

MGRM

Michael Swinger and Colleen P. Sheehan

2223 N. Seminary Avenue

Chicago, Illinois 60614

2007 JUL 19 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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.)

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.)

Colleen P. Sheehan

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)

KELLY, PASSIDOMO & ALBA, LLP

BOARD CERTIFIED ATTORNEYS AT LAW

CHARLES M. KELLY, JR.
Board Certified Tax Lawyer
Board Certified Wills, Trusts
and Estates Lawyer
Master of Laws in Estate Planning
Certified Public Accountant

THE CHAMBER BUILDING

2390 TAMiami TRAIL NORTH
SUITE 204
NAPLES, FLORIDA 34103

DAVID A. ALBA
1951 - 2001

KATHLEEN C. PASSIDOMO
Board Certified Real Estate Lawyer

TELEPHONE
(239) 261-3453

TELECOPIER
(239) 261-5711

July 16, 2007

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

FILED
2007 JUL 19 P 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: MIDWEST PARTNERS, LLC.

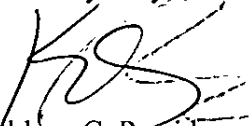
Ladies & Gentlemen:

Enclosed for filing, please find the Articles of Organization regarding the above-captioned entity.

Also enclosed is Michael Swinger's check number 3807 in the amount of \$125.00, representing payment for the filing fee. Please provide us with a fax confirmation of these filings, forwarding the originals via first class mail.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact me.

Yours very truly,



Kathleen C. Passidomo

KCP/lav
Enclosure