

L22000142014

(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



800384759868

FILED

2022 APR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nc 4/6/22

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 AMOUNT: \$125.00

Authorization Signature: *James Fullin*

Swinton Capital Partners LLC

Business name	Document #
<input type="checkbox"/> Walk in	<input type="checkbox"/> Pick up time _____
<input type="checkbox"/> Mail out	<input type="checkbox"/> Will wait
<input type="checkbox"/> Photocopy	
<input type="checkbox"/> Certified Copy of Articles of Incorporation	
<input type="checkbox"/> Certificate of Status	

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ **Limited Liability**
☐ Domestication
☐ Other
☐ **CORP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ **APOSTILLE() Country**

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ **Change of Registered Agent**
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Swinton Capital 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:

Andrew B. Blasi, Esq.
Name of Person

Shapiro Blasi Wasserman & Hermann, P.A.
Firm/Company

7777 Glades Road, Suite 400
Address

Boca Raton, Florida 33434
City/State and Zip Code

ablasi@sbwh.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew B. Blasi, Esq. at (561) 477-7800 ext. 214
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2022 APR -5 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

SWINTON CAPITAL PARTNERS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

255 North Swinton Avenue
Delray Beach, Florida 33444

255 North Swinton Avenue
Delray Beach, Florida 33444

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:

Shapiro Blasi Wasserman & Hermann, P.A.

Name

7777 Glades Road, Suite 400

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

Boca Raton

Florida

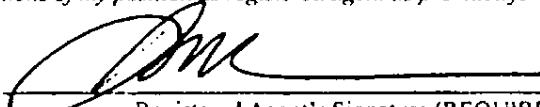
33434

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..


Registered Agent's Signature (REQUIRED)

By: *Andrew B. Blasi*

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

David Quagliana
213 North Highland Avenue
Elmhurst, Illinois 60126

MGR

Robert Gauch
568 Elm Street
Winnetka, Illinois 60093

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SECRETARY OF STATE
TALLAHASSEE, FL

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.)

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.

This Company is authorized to conduct any and all lawful businesses and engage in all lawful purposes.

REQUIRED SIGNATURE:



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

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.

Robert Gauch, Manager

Typed or printed name of signer

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)