

L23000031766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

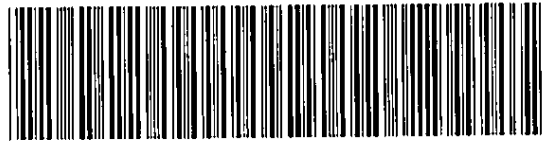
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300399920593

S CHATHAM  
JAN 24 2023

01/24/23--01004--016 \*\*125.00

RECEIVED

2023 JAN 24 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
DIVISION OF CORPORATION  
2023 JAN 24 PM 4:36

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Swivl, 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:

Kathryn Wood, Esq.  
Name of Person

Ainsworth & Clancy, PLLC  
Firm/Company

John Ainsworth, Esq.  
Address

801 Brickell Ave. 8th Fl., Miami, FL 33131  
City/State and Zip Code

info@business-esq.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Wood at ( 305 ) 600-3816  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Swirl, 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:

1100 Brickell Bay Dr. #310747, Miami, FL 33231

Mailing Address:

1100 Brickell Bay Dr. #310747, Miami, FL 33231

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:

Answorth & Clancy, PLLC

Name

801 Brickell Ave. 8th Fl

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

Miami

FL

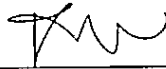
33131

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)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
23 JAN 24 PM 4:36

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 \_\_\_\_\_

Swirl Holdings, LLC

1100 Brickell Bay Dr. #310747, Miami, FL 33231

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
20 JAN 24 PM 4:36

(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.

**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.

Kathryn Wood, Esq. - attorney

\_\_\_\_\_  
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)