# L23000555430

(	Requestor's Name)
(,	Address)
	Address)
(1	City/State/Zip/Phone #)
	WAIT MAIL
()	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	Office Lice Only





Office Use Only

CSC - Tallahassee 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations From: Alexxis Weiland-Sorenson Ext: 61592 Date: 12/19/23 Order #: 1354886-1 Re: Swampside Partners LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation Amount to be deducted from our State Account: \$125.00 - FL State Account Number: I2000000195

AUTH:

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Please take the following action: File in your office on basis Issue Proof of Filing

**Special Instructions:** 

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Swampside Partners LLC

## (Must conatin 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:
330 SE 20th Avenue - Unit 113	330 SE 20th Avenue - Unit 113
Deerfield Beach, FL 33441	Deerfield Beach, FL 33441

### 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:

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> at	cceptable)
Tallahassee	FL.	32301
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..

Corporation Service Company alixing Weilard-Sonsan, Aup Βv

Registered Agent's Signature (REQUIRED)

### (CONTINUED)

# ARTICLE IV-

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

<u>Title:</u>		Name and Address:
	thorized Member	
"MGR" = Man	lager	
MGR		Dennis K. Cummings
		Cummings & Associates
		330_SE_20th Avenue - Unit 113
		Deerfield Beach, FL 33441
	·	
		· · ·
(If an effective date is li the date of filing.) <u>Note:</u> If the date inserte	sted, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after seet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other pro	ovisions, if any.	<del></del>
		DocuSigned by:
REOUIRED S	SIGNATURE:	Dennis te. Cummings
		9E7F94856F22420
	This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
		Dennis K. Cummings
		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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