

L11000028778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

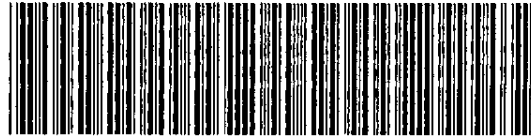
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200194735012

03/07/11--01037--012 **160.00

Effective Date

3/1/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 8 AM 8:45

T. HAMPTON

MAR - 8 2011

EXAMINER

2011-3239

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAI SWAN 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:

HEMANGINI BHATT
Name of Person

SAI SWAN LLC
Firm/Company

244 FLORIDA AVE N
Address

LAKELAND, FL 33801
City/State and Zip Code

hrb28@rediffmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEMANGINI BHATT at (**949**) **290-9942**
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2011

HEMANGINI BHATT
244 FLORIDA AVE N
LAKELAND, FL 33801

SUBJECT: SAI SWAN LLC
Ref. Number: W11000013232

We have received your document for SAI SWAN 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):

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 March 8, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00005678

Effective Date 3/1/11
Effective Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAI SWAN LLC

(Must end with 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:

244 FLORIDA AVE N
LAKELAND, FLORIDA 33801

Mailing Address:

244 FLORIDA AVE N
LAKELAND, FLORIDA 33801

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:

HEMANGINI BHATT

Name

244 FLORIDA AVE N

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

LAKELAND FL 33801

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..

H. R. Bhatt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 8 AM 8:45

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

HEMANGINI BHATT
244 FLORIDA AVE N
LAKELAND, FLORIDA 33801

MGRM

RAJESH BHATT
244 FLORIDA AVE N
LAKELAND, FLORIDA 33801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

3/1/11

HR Bhatt

(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:

H. R. Bhatt

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. 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.)

HEMANGINI BHATT

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -8 AM 8:45