4/4/22, 4:41 PM

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

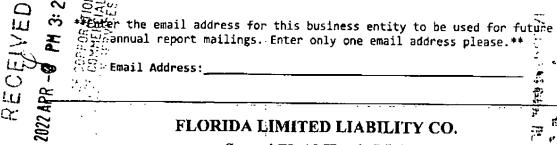
From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (954)791-2100

Fax Number

; (954)583-4117



FLORIDA LIMITED LIABILITY CO. Swami FL 12 Hotels LLC

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	New Filing Se Division of Co							
SUBJEC	Swami FL	, 12 Hotels LLC						
		Na	me of Lin	nited Liabi	lity Company		-	
The enclo	osed Articles o	Organization and	l fec(s) are	submitte	d for filing.			
Please ret	um all corresp	ondence concerni	ng this ma	lter to the	following:			
	Utkarsh Pat	el						
	 -			Name of	f Person ·			
	Dhruv Man	agement LLC						
		· · ·		Firm/Co	ompany			
	6903 Congr	ess St						
			•	Addi	ess			2
	New Port Ri	chey, FT. 34653					2	2022 APR
	upatel@dhrus	management.com		ty/State an	d Zip Code		10000000000000000000000000000000000000	4- Y
	I	E-mail address: (to	be used f	or future a	unnual report notificat	ion)	<u> </u>	7
For further	information co	acerning this matt	cr, please	call:			F H	ئند
	Utkarsh Pate		813 at (1	951-0222		通貨	8
	Nam	e of Person		a Code	Daytime Telephor	e Number		
Enclosed i	s a check for th	e following amou	nt:					
≣\$ 125,00) Filing Fee	□\$130.00 Filin Certificate of St	atus	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Certificate of Certified Co (additional co	of Status & opy	:d)
	New Fi	Address ling Section n of Corporations ox 6327		•	Street Address New Filing Section Di The Centre of Tallahi 2415 N. Monroe Street	122C6		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLE I - Name;	O CICLE LEATION FOR	LTOWNY TEATH	ED LIABILITY COMPANY	
The name of the Limited Liab	ility Company is:			
Swami FL 12 Hot		· <u>-</u>		
(Must co	ontain the words 'Limited I	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t a ress of the principal o	ffice of the Limit	ed Liability Company is:	
	ipa] Office Address:		Maili g Addres	<u>#</u> :
6903 Congress St	TT 24652		903 Congress St	
New Port Richey.	PL 34653	<u>N</u>	ew Port Richey, FL 34653	
	Vijay Patel	Name		
	6903 Congress St			
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)	
	New Port Richey	FL	34653	
	City	State	Zip	
Having been named as registered place designated in this certifical further agree to comply with the familiar with and accept the d	e, I hereby accept the appo provisions of all statutes rel poligations of my position a	intment as registe lating to the propi s registered agen	he above stated limited liability tred agent and agree to act in the and complete performance of as provided for in Chapter 60 at the Chap	company at the his capacity. I fmy duties, and I 2022 APR -4 PM 1: 2

ARTICLE IV-

"AMBR" = Authorized Mem	Name and Address:	
	ber	
"MGR" = Manager		
AMBR	Vijav Patel	
	6903 Congress St	
	New Port Richev, FL 34653	
		
	•	
•		
		
ANIGORALO MULE 13 ITMER* DIE GATE I	an the date of filing: (OP must be specific and cannot be more than five business day	TIONAL) \$ prior to or 90 days afte
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ite of filing.)	does not meet the annicable suppose filing requirements at	s prior to or 90 days after this date will not be listed
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