

U25000628/63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

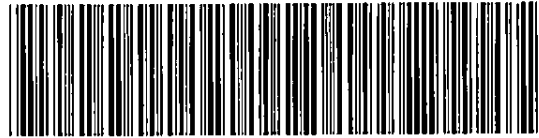
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800442590368

FILED

2025 JAN 24 AM 9:47

RECEIVED

2025 JAN 24 AM 8:32

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature



SWAHA, LLC.

Business

#Document

Walk in

___ Will wait

___ Certified Copies of the articles

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
X LLC
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

___ Amendment
___ Resignation of R.A.
___ Change of Registered Agent
___ Revocation of Dissolution
___ Conversion
___ Statement of Authority
___ Merger
___ Amended and Restated Articles

OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ Statement of CORRECTION
___ Domestication of a Foreign Corp.
___ Other

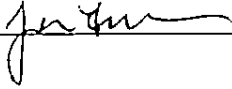
EXAMINER'S INITIALS: _____

2025 JUN 25 PM 5:47

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature 

SWAHA, LLC.

Business

#Document

Walk in

____ Will wait

____ Certified Copies of the articles

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
X LLC
____ Domestication
____ INC
____ CORP
____ OTHER

AMENDMENTS

____ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Statement of Authority
____ Merger
____ Amended and Restated Articles

OTHER FILINGS

____ TRANSMITTAL LETTER
____ Fictitious Name
____ Statement of Authority
____ APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ Statement of CORRECTION
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS:

2025 JUN 24 PM 9:47

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Swaha, 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:

Amanda G. Nordelo, Esq.

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce De Leon Blvd, Suite 601

Address

Coral Gables, FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda G. Nordelo

305

372-5100

at ()

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

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

2025 JUN 26 PM 5:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Swaha, 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:

901 Ponce de Leon Blvd, Suite 601
Coral Gables, FL 33134

Mailing Address:

901 Ponce de Leon Blvd, Suite 601
Coral Gables, FL 33134

2025 JUN 24 PM 9:47

FILED

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:

Jonathan H. Green & Associates, P.A.

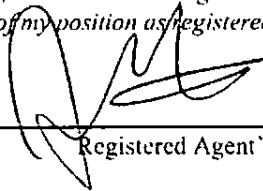
Name

901 Ponce de Leon Blvd, Suite 601

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

<u>Coral Gables</u>	<u>Florida</u>	<u>33134</u>
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)

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

Gupta, Chetan
901 Ponce de Leon Blvd, Suite 601
Coral Gables, FL 33134

2025 JUN 26 1:19:47

6-19-25

(Use attachment if necessary)

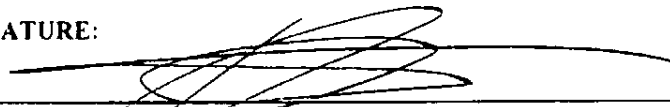
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Amanda G. Nordelo, Esq.

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)