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TALLAHASSEE, FLORIDA

2017 JAN -5 P 4:23

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D. BRUCE
JAN 05 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

T. LUCAS ROSSKNECHT
2240 PALM LAKES BLVD., SUITE 250
WEST PALM BEACH, FL 33409

SUBJECT: SWIZZLE GROUP, LLC
Ref. Number: W17000000657

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SWIZZLE GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 917A00000215

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swizzle Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

T. Lucas Rossknecht

Name of Person

Kirschbaum Law Office, LLC

Firm/Company

2240 Palm Beach Lakes Blvd., Suite 250

Address

West Palm Beach, FL 33409

City/State and Zip Code

luke@tidelawoffice.com

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

For further information concerning this matter, please call:

T. Lucas Rossknecht

at (561)

530-4560

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Swizale Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3550 Corsham Circle
Carmel, IN 46032
(Street Address of Principal Office)

6. 3550 Corsham Circle
Carmel, IN 46032
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Deepak Khosa
Office Address: 3930 Coral Ridge Drive
Coral Springs, FL, Florida 33065
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Deepak Khosa
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ajay Jain MANAGING MEMBER, 3550 CORSHAM CIRCLE, CARMEL, IN 46032
Shivika Jain MANAGING MEMBER, 3550 CORSHAM CIRCLE, CARMEL, IN 46032

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

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.

T. Lucas Rossknecht, attorney for applicant
Typed or printed name of signer

FILED
2017 JAN -5 P 4: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate

I further certify that records of this office disclose that

SWIZZLE GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 26, 2014, and was in existence or authorized to transact business in the State of Indiana on December 26, 2016.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 26, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2014022700045 / 2016179163

Verify this certificate: <https://bsd.sos.in.gov/validateCertificate>