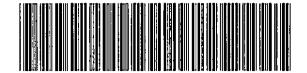
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COVER LETTER

TO: Registration Section
Division of Corporations

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SWR LLC

Susan Ra	ishid		
		ame of Person	
SWR LL	C		
	ŀ.	irm/Company	
3603 4th	Avenue		
		Address	
Holmes I	Beach, FL 34217		
susie rashi	City/S d33@gmail.com	tate and Zip Code	
	E-mail address: (to be use	d for future annual report n	otification)
For further information con	cerning this matter, please call:		•
Susan Rashid		312 40588	334
	Tame of Contact Person	at () Area Code Da	iytime Telephone Number
MAILING ADDI Division of Corpor Registration Section P.O. Box 6327 Tallahassee, F1, 32	rations on	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ution Section Building tecutive Center Circle ssee, FL 32301
Enclosed is a check for the			·
□ \$125.00 Filing 1	Fee \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	■ \$160,00 Filing Fee. Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SWR LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SWR Consulting LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "L.L.C," or "LLC,") 46-1521674 Delaware (FEI number, 11 applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 12/31/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3603 4th Avenue Holmes Beach, FL 34217 (Street Address of Principal Office) 3603 4th Avenue Holmes Beach, FL 34217 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Susan Rashid Name: 3603 4th Avenue Office Address: Holmes Beach 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Susan Rashid, Owner, 3603 4th Avenue, Holmes Beach, FL 34217 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) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Susan Rashid

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SWR LLC" IS DULY FORMED UNDER THE LAWS

OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-FIRST DAY OF JANUARY, A.D. 2021.



Authentication: 202336013

Date: 01-21-21



February 20, 2021

SUSAN RASHID 3603 4TH AVENUE HOLMES BEACH, FL 34217 US

SUBJECT: SWR LLC

Ref. Number: W21000023911

We have received your document for SWR 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 621A00003833

Attached RECEIVED