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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 DEC -8 PM 4:55

IAI/ADAMS

DEC 8 2021 3:32:39 PM

2021 DEC -8 AM 3:08

FILED

Foreign Limited Liability Company
SWIFTARC VENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

**PLEASE FILE SECOND, AFTER THE NAME CHANGE OF SWIFTARC VENTURES, LLC

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. Swiftarc Ventures, 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. 12/8/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 801 Brickell Ave Office #709
(Street Address of Principal Office)

6. 801 Brickell Ave Office #709
(Mailing Address)

Miami, FL 33131

Miami, FL 33131

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Ave 2nd Fl.

Tallahassee, Florida 32301
(City) (Zip code)

2021 DEC -8 PM 3:08
FILED
TALLAHASSEE COUNTY
SECRETARY OF STATE

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.

Taylor Seay
(Registered agent's signature)

Taylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Sid Jawahar
 Member Address: 801 Brickell Ave Office #709
 Authorized Miami, FL 33131
 Person
 Other Other

Title or Capacity: **Name and Address:**

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

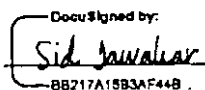
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

DocuSigned by:

 Signature of an authorized person

Sid Jawahar, Manager

 Typed or printed name of signer

DocuSign Envelope ID: 2497DD98-35C4-4A50-81E7-34281A30532E
Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



H21000448189 3
John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Swiftarc Ventures, LLC (file number 803201550), a Domestic Limited Liability Company (LLC), was filed in this office on January 04, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 01, 2021.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott
Secretary of State