

P24000057759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

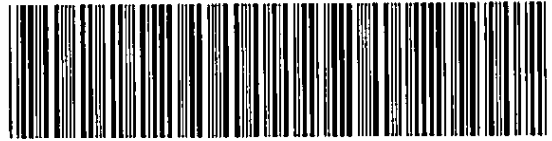
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24000108624
corrected document
received on 09/06/24

Office Use Only



600433622136

07/23/24--01039--005 **90.00

RECEIVED
TALLAHASSEE, FLORIDA

2024 SEP -6 AM 7:30

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2024

PATRIZIA PADILLA GARCIA
3780 NW 22ND AVE.
APT. 408
MIAMI, FL 33142 US

SUBJECT: SWARW, INC.
Ref. Number: W24000108624

We have received your document for SWARW, INC. and check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6052.

Monique K Anderson
Regulatory Specialist II

Letter Number: 424A00016903

2024 SEP -6 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -6 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FL ORIN

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SWARW INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3780 NW 22nd AVE apt 408
Miami, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all law full business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Potuzia Padilla Garcia Name and Title: President

Address: 3780 NW 22nd Ave Address: _____
apt 408 Miami, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2024 SEP -6 AM 7:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia Padilla Garcia
Address: 3780 NW 22nd Ave apt 408
Miami FL 33142

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Patricia Padilla Garcia
Address: 3780 NW 22nd Ave apt 408
Miami, FL 33142

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Patricia Padilla Garcia 
Required Signature/Registered Agent

08 - 30 - 2024
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

FILED
2024 SEP -6 AM 7:30
CLERK OF STATE
TALLAHASSEE, FLORIDA