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(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations

SAWELL HOLDINGS LTD

(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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(Name of Person)

Capital Q Ventures Inc.

(Firm/Company)

100 E Faith Terrace, Suite 1016

(Address)

Maitland/FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Quatrini

_407 \ 307-227⁻

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$35.00 Filing Fee

■ \$43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201. OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. SAWELL HOLDING		nization. Tinancial institution or telehealth provider			_
2. REPUBLIC OF	-				
(State or country unde	r which entity is organized) (FEI Number, if a	ipplicable)		_
4. 41, Misiaouli 8		, 3016 Limassol, Cyprus		2	
	(P	rincipal office address)		022	_
5. Name and Florida Street address of registered agent.					
	/entures Inc.		9.	TANK EMARK	
	100 E Faith Te	errace, Suite 1016		7	
	Maitland, F	L 32751		12: 28	•
are identical.	-	the street address of the business office of	_	ered a	gent
7. Alexandros Alexandros Alexandros	(Signature of a	Date: 2022.08.23 14:06:08 +03'00'			_
8. Alexandros Alexandros	exandrou - D	irector			
9. Signature of registered a	Mila	of person, igning in number 7 above)			_
1 hereby accept the appoint 607.0505, 655.0201, or 450	-	agent. I am familiar with and accept the tutes.	ie obligati	ons o	f section
Michael Quatri	ni	08/22/22	2		
(Registered agent acco	epting appointment)	<u></u>	Date)		_

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314