

L11000115623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

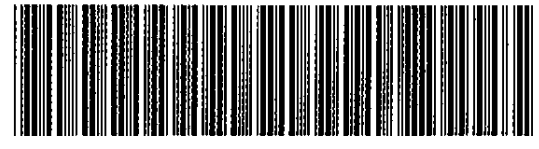
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 10 2011
EXAMINER



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FILED
11 OCT -7 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROOPAINDRA S. PRASHAD
4785 NW 95 Drive
Coral Springs, FL 33076
Cell: (954) 292-7730

October 02, 2011

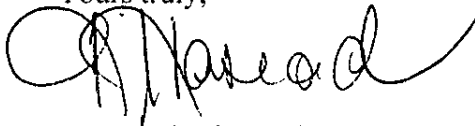
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sir/Madan:

Enclosed is the Articles of Organization and and a check in the amount of One Hundred and Sixty (\$160.00) Dollars.

Please feel free to contact me at the above address or telephone number should you have any questions.

Yours truly,

A handwritten signature in black ink, appearing to read "R. Prashad", written over a horizontal line.

Roopendra S. Prashad

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERSAUD & PRASHAD, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROOPAINDRA S. PRASHAD
Name of Person

Firm/Company

4785 NW 95 DRIVE
Address

CORAL SPRINGS, FL 33076
City/State and Zip Code

BOBBYPRASHAD@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. S. PRASHAD at (954) 292-7730
Name of Person Area Code & Daytime Telephone Number

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERSAUD & PRASHAD, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4785 NW 95 DRIVE
CORAL SPRINGS
FL 33076

Mailing Address:

4785 NW 95 DR
CORAL SPRINGS
FL 33076

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROOPAINDRA S. PRASHAD

Name

4785 NW 95 DRIVE

Florida street address (P.O. Box **NOT** acceptable)

CORAL SPRINGS FL 33076

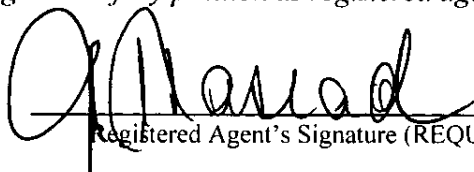
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT - 7 PM 2:47

FILED

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ROOPAINDRA S. PRASHAD
4785 NW 95 DR
CORAL SPRINGS, FL 33076

MGRM

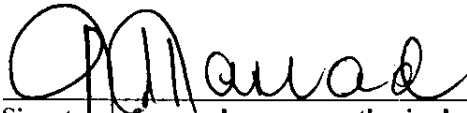
SHANKER PERSAUD
9605 NW 52ND MANOR
CORAL SPRINGS, FL 33076

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ROOPAINDRA S. PRASHAD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)