

L12000132714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

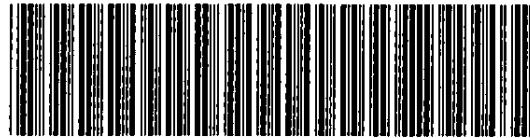
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700240796947

Effective Date 11/01/12

10/17/12--01005--026 **125.00

FILED
2012 OCT 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 18 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Chateaulaine1st L.L.C.

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:

Milan Khakhria

Name of Person

Firm/Company

920 bayberry point dr

Address

plantation FL 33324

City/State and Zip Code

KHAKHRIA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRITI KHAKHRIA

Name of Person

at (954) 4836885

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

FILED
OCT 17 AM 11:34
TALLAHASSEE, FL
CLERK OF COURT
JENNIFER L. BARNES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chateaulaine1st 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:

Mailing Address:

104NW 100th Ave
FL 33324

920 BAYBERRY POINT DR
PLANTATION FL 33324

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.)

Effective Date 11/01/12

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

DaszkalBolton LLP

Name

490 Sawgrass Corporate Parkway, Suite 200

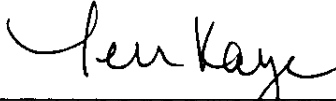
Florida street address (P.O. Box **NOT** acceptable)

Sunrise

FL 33325

City, State, and Zip

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)

FILED
NOV 17 AM 11:34
CLERK OF COUNTY
HALL COUNTY, FLORIDA

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:

MGR

Milan Khakhria
920 Bayberry Point Dr
Plantation, FL 33324

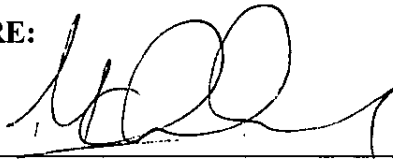
MGRM

Priti Khakhria
920 Bayberry Point Dr
Plantation, FL 33324

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/2012. (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.)

MILAN KHAHRIA

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)

FILED
OCT 17 AM 11:34
CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE, FLORIDA