

L13000160174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

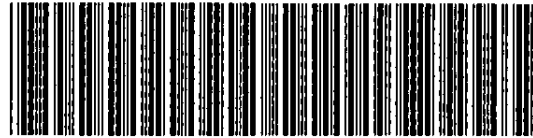
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/10/13--01013--013 **155.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W13-52803

EFFECTIVE DATE 11/13/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2013

SUDIP MAJUMDHAR
16324 BRIDGECROSSING DR.
LITHIA, FL 33547

SUBJECT: SPRING BAY FLORIDA LLC
Ref. Number: W13000056803

We have received your document for SPRING BAY FLORIDA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 10, 2013. Please amend your document accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 213A00023932

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPRING BAY FLORIDA 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:

SUDIP MAJUMDHAR

Name of Person

SPRING BAY LTD. (INDIA)

Firm/Company

16324 BRIDGECROSSING DR.

Address

LITHIA FL 33547

City/State and Zip Code

SATHYARAU@GMAIL.COM

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

For further information concerning this matter, please call:

SATHYA RAU

Name of Person

813 746-2945

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

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TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPRING BAY FLORIDA 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:

IA-171, SECTOR -3
SALT LAKE, KOLKATA 700097
INDIA

16324 BRIDGECROSSING DR
LITHIA FL 33547

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:

SATHYA RAU
Name

16324 BRIDGECROSSING DR
Florida street address (P.O. Box **NOT** acceptable)

LITHIA FL 33547
City, State, and Zip

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 TALLAHASSEE FLORIDA

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..

Sathya Rau
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 11/13/13

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

SUDIP MAJUMDAR

IA- 171, SECTOR -3

SALT LAKE, KOLKATA 700097. INDIA

MGRM

BARNALI MAJUMDAR

IA- 171, SECTOR -3

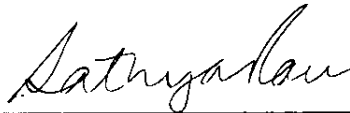
SALT LAKE, KOLKATA 700097. INDIA.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 13TH NOV. 2013. (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.)

SATHYA RAU

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)**

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA