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## COVER LETTER

TO: Registration Section Division of Corporations	-10 <u>-1</u>
SUBJECT: 127 Miracle Strip, LLC.	
Name of Limited Liability Company	112 12 12 12 12 12 12 12 12 12 12 12 12
The enclosed Articles of Organization and fee(s) are submitted for filing.	2 PH 4 25
Please return all correspondence concerning this matter to the following:	
AMIR PATEL Name of Person	
Name of Person	
127 Miracle Strip, LLC. Firm/Company	
Firm/Company	
1214 U.S. HWY 98E	
Manage	<u> </u>
FT. WALTON BEACH / FL 32548  City/State and Zip Code  Samir_raman @ Yahoo. com	
City/State and Zip Code Samir_raman @ Vahoo. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
SAMIR PATEL at 850 933-1753  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \text{\$\subseteq}\sigma \t	`Status & y
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR EX	SHOPE ENTITED ENTERED CONTENT
ARTICLE I - Name: The name of the Limited Liability Company is:	
127 Miracle Strip,	LLC.
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1214 US HWY 98E ET. WALTON BEACH, FL 32548	1214 US HWY 98E
FT. WALTON BEACH, FL 32548	FT. WALTON BEACH, FL 32548
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	
SAMIR. PATEL Name	
2726 N. MonRoe Florida street address (P.O. Box N	
-	
TALLANASSEE City	FL 32303 Zip
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S
(CONTINUE	المنت المنابع ا
Page I of 2	

MBR = Authorized Member  IGR" = Manager  AMBR  AMBR  IZ 14 U.S HWY 98 E FT. WALTON BEACH, FL 325 Y8  AMBR  SAMIR PATEL 2726 N. MONROE ST. TALLAHASSEE, FL32303  TAYESH PATEL 3152 ABBEY LN FOLEY   AL 365 35  KANU PATEL 1 MIRACLE STRIP PKINN FT. WALTON BEACH, FL 325  See attachment if necessary)  V. Effective date, if other than the date of filing:  VI. Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  SAMIR PATEL Typed or printed name of signee  Filing Fees: 530.00 Certificate Opp (Optional)  Page 2 of 2	Title:	Name and Address:
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AMBL  AMBL  AMBL  SAMIL PATEL  2726 IN. MONROE ST.  TALLANASSEE, FL32303  AMBL  JAYESH PATEL  3152 ABBEY LN  FOLEY, AL 36535  KANU PATEL  1 MIRACLE STRIP PKINN  FT. WALTON BEACH, FL 325  See attachment if necessary)  VI. Effective date, if other than the date of filing:  VI. Other provisions, if any.  COPTIONAL)  VI. Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  SAMIR PATEL  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Filing Fees:  \$30.00 Certificate of Status (Optional)  Page 2 of 2	"MGR" = Manager	1
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