Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

: (850)617-6381

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ashekaroff@itwconsulting.com

FLORIDA LIMITED LIABILITY CO. 3315 Europa Drive 113, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		DRIVE 113, LLC		
(Must	contain the words "Limited Liab	ility Company, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	ect address of the principal office	of the Limited Liabi	lity Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
3315 EUROPA DRIVE #113				
		148081	IARRY COLT CT	_
NAPLES, FI ARTICLE III - Registered The Limited Liability Commother business entity with	Agent, Registered Office, & R. pany cunnot serve as its own Registered active Florida registration.)	TAMPA egistered Agent's S istered Agent. You n	gnature: nust designate an individual or	2023 JUN 28
NAPLES, FI ARTICLE III - Registered The Limited Liability Comnother business entity with	Agent, Registered Office, & R. pany cannot serve as its own Registantion.) The rect address of the registered agents.	egistered Agent's Sistered Agent. You n	ignature: iust designate an individual or f	28 187
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NAPLES, FI ARTICLE III - Registered The Limited Liability Comnother business entity with	ALEXA	egistered Agent's Significated Agent. You not are: ANDER SHEKHAR Name	ignature: iust designate an individual or f	28 187
NAPLES, FI ARTICLE III - Registered The Limited Liability Comnother business entity with	ALEXA	egistered Agent's Significated Agent. You not are:	ignature: nust designate an individual or file.	28 PH 2:
NAPLES, FI ARTICLE III - Registered The Limited Liability Comnother business entity with	ALEXA	egistered Agent's Sistered Agent. You not are: ANDER SHEKHAR Name	ignature: nust designate an individual or file.	28 PH 2:3

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	AL EVANDED CHERTIAN		
AMBR	ALEXANDER SHEKHAR 14808 HARRY COLT CT		
	TAMPA, FL 33626		
AMBR	VICTORIA SHEKHAR		
	14808 HARRY COLT CT		
	TAMPA, FL 33626		
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	SEFFETAR)		
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	1112		
(Use attachment if necessary)	100 N		
ARTICLE V: Effective date, if other than the date of filing			
(If an effective date is listed, the date must be specific a after the date of filing.)	od cannot be more than five business days prior to or 90 days		
	applicable statutory filing requirements, this date will not be listed a		
the document's effective date on the Department of State's			
ARTICLE VI: Other provisions, if anv. ANY AND ALL LAWFUL BUSINESS			

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statues. 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.

ALEXANDER SHEKHAR
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 5.00 Certificate of Status (Optional)