

L04 000017155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

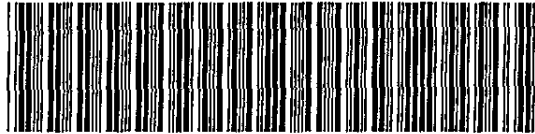
(Business Entity Name)

(Document Number)

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FILED  
MAY 1 2004  
TALLAHASSEE, FLORIDA

L04-17155  
JR

Cover Letter

RE: Registration of Limited Liability Company

The Name of Company: Akal Financial Services LLC.

Name: Bickramjit S. Dhaliwal  
842 Horseshoe Falls  
Orlando, FL. 32828  
Ph.(407) 273-9359

FILED

OFFICE OF THE CLERK

TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AKAL FINANCIAL SERVICES 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:

BICKRAMJIT S. DHALIWAL  
(Name of Person)

(Firm/Company)

842 HORSESHOE FALLS DR.  
(Address)

ORLANDO FLORIDA 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

BICK DHALIWAL at (407) 273-9359  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
U.S. DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
OCT 19 1999

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Akal Financial Services LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

842 HORSESHOE FALLS  
ORLANDO, FL  
32828

**Mailing Address:**

842 HORSESHOE FALLS  
ORLANDO, FL  
32828

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

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

BICKRAMJIT S. DHALIWAL  
Name

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

ORLANDO FLORIDA 32828  
City, State, and Zip

FILED  
FEB 13 2012  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
ALACHUA COUNTY, 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, Florida Statutes..*

  
Registered Agent's Signature

**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"

MANJIT DHALIWAL  
842 HORSESHOE FALLS  
ORLANDO, FL, 32828

"MGRM"

JODHVEER DHALIWAL  
842 HORSESHOE FALLS  
ORLANDO, FL, 32828

"MGRM"

SARABJIT DHALIWAL  
15018 WATERFORD CHASE PKWY  
ORLANDO, FL, 32828

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

BICKRAMJIT S. DHALIWAL

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)