

L04000056236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000037974870

16 2009 01 12 09 05 155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 29 PM 12: 09

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 29 PM 12: 05

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAVIDI & PALLERLA INVESTMENTS 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:

ANIL R. DAVIDI  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P O Box 4254  
(Address)

TALLAHASSEE, FL 32315  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANIL R. DAVIDI at ( 850 ) 385-1249  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
04 JUL 29 PM 12: 09

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)

**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:

DAVIDI & PALLERLA INVESTMENTS 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:**

1951, N. MERIDIAN RD.,  
# 82  
TALLAHASSEE, FL 32303

P O Box 4254  
TALLAHASSEE, FL 32315

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

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

ANIL R. DAVIDI  
Name

1951, N. MERIDIAN RD., # 82  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE, FL 32303  
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.*

*A. Davidi*  
Registered Agent's Signature

04 JUL 2009 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

**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:**

MGRM

ANIL R. DAVIDI  
1951, N. MERIDIAN RD., #82  
TALLAHASSEE, FL 32303

MGRM

RAVINDER R. PALLERLA  
2415, OLD ST. AUGUSTINE RD., #1234  
TALLAHASSEE, FL 32301

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*A. Anil*

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.)

ANIL R DAVIDI

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)

04 JUL 29 PM 12:09

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA