

L04000061110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

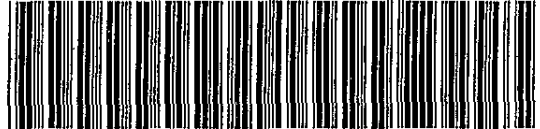
(Business Entity Name)

(Document Number)

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

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08/17/04--01049--019 \*\*160.00

04 AUG 17 PM 1:38  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W AND E SILKS L.L.C.  
(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:

AJAY D. PATEL

(Name of Person)

W AND E SILKS L.L.C.

(Firm/Company)

1717 COUNTY RD 220 #3706

(Address)

ORANGE PARK FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

AJAY PATEL

(Name of Person)

at (

904 278 6923

(Area Code & Daytime Telephone Number)

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 17 PM 1:38

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

W AND E SILKS L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1717 COUNTY RD 220 #3706.  
ORANGE PARK FL 32003.

**Mailing Address:**

1717 County Road 220 #3706.  
ORANGE PARK FL 32003

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

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

AJAY PATEL.

Name

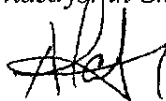
1717 County Road 220 #3706

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

ORANGE PARK FLORIDA FL 32003

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, Florida Statutes..



Registered Agent's Signature

04 AUG 2011 11:38  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
STATE OF FLORIDA

**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

AJAY PATEL  
1717 COUNTRY ROAD 220 #3706  
ORANGE PARK FL 32063

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

AJAY PATEL

\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)