

W4000066646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

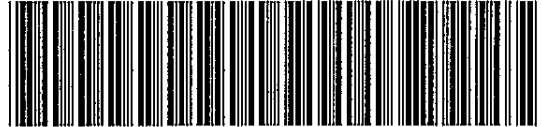
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040567966

09/09/04--01020--005 **125.00

FILED

04 SEP -9 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-66646
OK

TO: Registration Section
Division of Corporations

CHANDIGARH, HOUSING, 'LC'

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to the following:

VARINDER ~~SAHNEY~~ SAWHNEY

(Name of Person)

(Firm/Company)

13325. S.W. 83. CT

(Address)

MIAMI, FL, 33156

(City/State and Zip Code)

VARINDER SAWHNEY

(Name of Person)

at (305) 251-0478

(Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 PM 1:39

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHANDIGARH, HOUSING, L" C "

ARTICLE II - Address:

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

Principal Office Address:

13325. S.W. 83. CT

MIAMI, FL. 33156

Mailing Address:

13325. S.W. 83. CT

MIAMI, FL. 33156

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

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

VARINDER SAWHNEY.
Name

13325. S.W. 83. CT
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL FLORIDA 33156
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..

Varinder K. Sawhney
Registered Agent's Signature

CLERK OF STATE
TREASURER
FLORIDA

SEP - 9 PM 1:39

FILED

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:

VARINDER (MGR)
SAWHNEY.

13325 S.W. 83 CT
MIAMI, FL 33156

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Varinder K. Sawhney
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.)

VARINDER SAWHNEY
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 PM 1:39

FILED