

L04000074207

(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



600038274866

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 OCT 13 AM 10:51

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 13 PM 3:32

FILED

BR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 924877 156480A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 13, 2004

ORDER TIME : 10:24 AM

ORDER NO. : 924877-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

DOMESTIC FILING

NAME: APPLGATE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

Patricia Pignatelli
OCT 13 PM 3:32
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Applegate, 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:503 E. Jackson St. #314sameTampa, FL 33602**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Arund Patel

Name

503 E. Jackson St. #314Florida street address (P.O. Box NOT acceptable)TampaFLORIDA33602

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

FILED
04 OCT 13 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, 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:

MGR

Anand Patel
602 E. Jackson St. #214
Tampa, FL 33609


MGR

Nimesh Patel
602 E. Jackson St. #314
Tampa, FL 33609

(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.)

Anand Patel
Typed or printed name of signer

Filing Fee:

\$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)