

LOS000001723

(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



400043889024

01/06/05--01004--012 \*\*155.00

RECEIVED  
05 JAN -6 04:10:58  
TALLAHASSEE, FLORIDA

FILED  
05 JAN -6 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maulin & Ravi 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:

PATEL PARESH (PETER)  
(Name of Person)

(Firm/Company)

P.O. Box 128  
(Address)

QUINCY, FL 32353  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Patel at (850) 627-4750  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

FILED  
05 JAN -5 PM 1:06  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-11-01 BY SP-10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Maulik-Ravi LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

39 Jack Dr  
Orwincy, FL 32352

#### Mailing Address:

P.O. Box 128  
Orwincy, FL 32353

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

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

Paragh Chav Patel  
Name

39 Jack Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Orwincy FL 32352  
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.

[Signature]  
Registered Agent's Signature

FILED  
55 JAN -6 AM 11:06  
CLERK 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:**

MGR

Patel Parashkumar C  
39 Jack Dr  
Quincy, FL 32352

MGR

Patel Mukeshkumar G  
17890 Blue Star Hwy  
Quincy, FL 32351

MGRM

Patel Dipika P  
39 Jack Dr  
Quincy, FL 32352

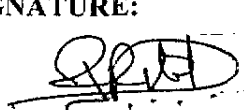
MGRM

Patel Dima M  
17890 Blue Star Hwy  
Quincy, FL 32351

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

 / M. G. Patel  
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.)

PATEL PARESHKUMAR / PATEL MUKESHKUMAR  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
05 JAN -6 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA