

L050000 51908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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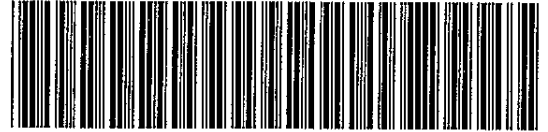
Special Instructions to Filing Officer:

1789, 608, 011, 5/25

Office Use Only

W05-24132

CMST



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05/06/05--01032--013 **155.00

FILED
05 MAY 24 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIVALAXMI 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:

Seema Khanna
(Name of Person)

(Firm/Company)

816 HAWK LANDING
(Address)

FRUITLAND PARK, FL 34731
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 MAY 24 AM 10:47

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For further information concerning this matter, please call:

Seema Khanna at (352) 516 3972
(Name of Person) (Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2005

SEEMA KHANNA
816 HAWK LANDING
FRUITLAND PARK, FL 34731

SUBJECT: SHIVALAXMI LLC
Ref. Number: W05000024132

We have received your document for SHIVALAXMI LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 805A00034279

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 24 AM 10:47

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHIVALAXMI 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:

816 Hawk Landing
Fruitland Park, FL 34731

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

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

Seema Khanna
Name

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

Fruitland Park FL 34731
City, State, and Zip

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SECRETARY OF STATE
TAMAHASSEE, FLORIDA

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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..

Seema Khanna
Registered Agent's Signature

(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

DINESH KHANNA
816 HAWK LANDING
FRUITLAND PARK, FL 34731

MGRM

Seema Khanna
816 Hawk Landing
FRUITLAND PARK FL 34731

MGRM

RAKESH Rohatagi
7879 SE 12TH CIRCLE
OCCALA, FL 34480

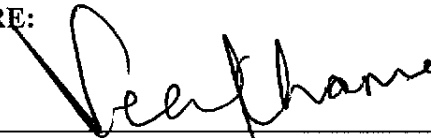
MGRM

Rekha Rohatagi
7879 SE 12TH CIRCLE
OCCALA, FL 34480

(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.)

Seema Khanna

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 24 AM 10:47

FILED

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)