# L0500053999

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
(Ac	ddress)	<u>.</u>
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
l		

Office Use Only



400054900954

05/23/05-01068-001 \*\*160.00

FILE D

2005 MAY 23 PM 1: 10

PULLED CORPORATION

PULLED CORPORATION

# TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: BALAVI 5 INTERNATIONAL LLC (Name of Limited Liability Company)	
(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:	
MANDIKIMAR R PATEI	
MANOJKUMAR R. PATEL (Name of Person)	
(Firm/Company)	
(Firm/Company)  35 BANYAN PASS (Address)  OCALA, FL 34472 (City/State and Zip Code)	<b>1</b> 3
35 BANYAN PASS (Address)	
(Additional)	
12 3 4 7 3 4 7 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1	
OCALA, FL 34472	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
For futures anomiation concerning and matter, please can.	
SHAILESH AMIN # 352 502 1707	
SHAILESH AMIN at (352) 502 1707 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & 🕱 \$160.00 Filing Fee,	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	
(additional copy is enclosed)	
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314	
Tolletticocc, 1 lorde 32314	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# **ARTICLE I - Name:**

The name of the Limited Liability Company is:

BALAVI	5	INTERNATIONAL	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:
35 BANYAN PASS	35 BANYAN PASS
OCALA	OCALA
FL. 34472	FL 34472

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

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

SHAILESH AMIN

Name

5444 SE 32 PLACE

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

OCALA FL 34471

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	MANOJKUMAR R. PATEL 35 BANYAN PASS OCALA, FL 34472
MGR	DIPTI M. PATEL 35 BANYAN PASS OCALA, FL 34472
MGRM	NITINKUMAR R. PATEL 35 BANYAN PASS OCALA, FL 34472
MGRM	SHAILESH AMIN 5444 SE 32 PLACE OCALA, FL 34471
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	205 A FI
Wan	an authorized representative of a member.
Signature of a member or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

MANOJKUMAR R. PATEL

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)