

LOS0000 61846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

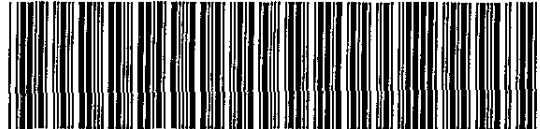
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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6/22/05
list

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAR SIGNATURES REALTY 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:

PAULA A. RAMPHAL
(Name of Person)

PAR SIGNATURES REALTY LLC
(Firm/Company)

128 LOMBARD CIRCLE
(Address)

CLERMONT, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

REWARD POONAI, CPA at (516) 312-2501
(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
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Paula A. Ramphal
128 Lombard Circle
Clermont, FL 34711
(352)-348-4173

June 7, 2005

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find my application for the articles of organization and a check of one hundred and sixty dollars (\$160.00).

If you need any further information, please contact me.

Thank you,

Sincerely yours,

X *Paula A Ramphal*

Paula A. Ramphal

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAR SIGNATURES REALTY LLC

ARTICLE II - Address:

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

Principal Office Address:

128 LOMBARD CIRCLE
CLERMONT, FL 34711

Mailing Address:

128 LOMBARD CIRCLE
CLERMONT, FL 34711

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

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

RAJESH RAMPHAL

Name

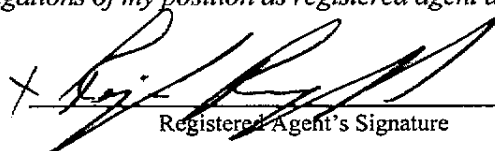
128 LOMBARD CIRCLE

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

CLERMONT, FL 34711 FL

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)

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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:

MGRM

PAULA A. RAMPHAL

128 LOMBARD CIRCLE

CLERMONT, FL 34711

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Paula A. Ramphal

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.)

PAULA A. RAMPHAL

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)**

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TALLAHASSEE, FLORIDA

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