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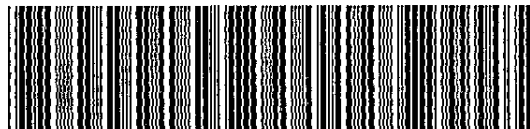
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mahavir L.L.C.

(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:

William Paul Mason, Esquire

(Name of Person)

Mason Bahr LLP

(Firm/Company)

7000 Central Parkway, Suite 1450

(Address)

WD5-48910

Atlanta, Georgia 30328

(City/State and Zip Code)

For further information concerning this matter, please call:

William Paul Mason

(Name of Person)

at (770) 399-6450

(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

note: Harshad Mehta
is "member" per Mr. Mason
by phone 10/27/05



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 27, 2005

WILLIAM PAUL MASON, ESQUIRE
MASON BAHR LLP
7000 CENTRAL PARKWAY, SUITE 1450
ATLANTA, GA 30328

SUBJECT: MAHAVIR L.L.C.
Ref. Number: W05000048910

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TALLAHASSEE, FLORIDA

We have received your document for MAHAVIR L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Article IV, please provide the title for the second person listed.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 805A00065108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mahavir L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2127 Edgewater Circle, SE
Winter Haven, Florida 33880

Mailing Address:

2127 Edgewater Circle, SE
Winter Haven, Florida 33880

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dr. R. Chandrasekhara

Name

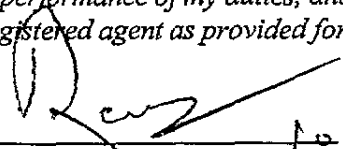
305 Hernando Road

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

Winter Haven, FL 33884

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 (REQUIRED)

(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

Dr. R. Chandrasekhara

305 Hernando Road

Winter Haven, Florida 33884

MEMBER

Harshad Mehta

2127 Edgewater Circle, SE


Winter Haven, Florida 33880

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

William Paul Mason, authorized representative
Typed or printed name of signer

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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