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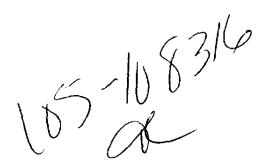
(Requestor's Name)			
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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Boer Goat (Name of Limite	LLC d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Nishani D. Nai		
	(	Name of Person)	
	Gross & Levin	LLP	
	I	(Firm/Company)	
	86-26 Queens E	Boulevard	
		(Address)	
	Elmhurst, NY 1	.1373	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Nishani I	O. Naidoo	at (	2021 ext 210
(Name	e of Person)	(Area Code & Daytime Te	elephone Number
Enclosed is a check to	or the following amount:		
☐ \$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is

**Boer Goat LLC** 

#### ARTICLE II – Address:

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

Principle Office Address:

Mailing Address:

3520 Pine Top Drive Vacrico, FL 33594 3520 Pine Top Drive

Vacrico, FL 33594

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

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

3520 Pine Top Drive Vacrico, FL 33594 RAMPARIDE LACHMAN

Having been named as registere

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 that 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.

Latehman Singh, Registered Agent AMN ARINE MCHMAN

ARTICLE IV - Managing Members

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

Title:

Name and Address:

**MGRM** 

Parsueram Indarjit

18 Ashford Street Brooklyn, NY 11207

MGRM

Maheshwarie Indarjit

18 Ashford Street Brooklyn, NY 11207 Title: MGRM Name and Address:

Bharat Indarjit

18 Ashford Street

Brooklyn, NY 11207

**MGRM** 

Premane Motiram 135-40 125<sup>th</sup> Street

South Ozone Park, NY 11420

INDARJIT PARSUERAM, Managing Member

MAHESHWARIE INDARJIT, Managing Member

BHARAT INDARJIT, Managing Member

PREMANE MOTIRAM, Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)