

L05000116493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

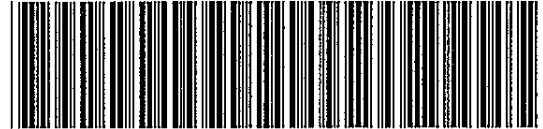
Special Instructions to Filing Officer:

12/7

11/21

W05-52833

Office Use Only



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11/22/05--01009--029 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -6 AM 8:57

FILED  
AND  
FILED

ONE PASCO CENTER, LLC  
15909 LAYTON CT  
TAMPA, FL 33647

11/18/05

FLORIDA DEPT. OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Dear Sir:

Enclosed please find two copies of the Articles of organization for "ONE PASCO CENTER, LLC" to be registered in the State of Florida. I also enclose a check of \$160 to cover filing fee of \$100, \$25 design of registered agent, \$30 for certified copy and \$5 for a certificate of status.

Thank You  
SURESH K. KHATOR  
Registered Agent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2005

SURESH K. KHATOR  
15909 LAYTON COURT  
TAMPA, FL 33647

SUBJECT: ONE PASCO CENTER, LLC  
Ref. Number: W05000052833

We have received your document for ONE PASCO CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Operating agreements are not filed in this office and should be retained by the company.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 905A00069549

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I • Name:**

The name of the Limited Liability Company is:

One PASCO CENTER, LLC

**ARTICLE II • Address:**

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

15909 Layton Ct.

Tampa, Florida 33647

**ARTICLE III • Registered Agent, Registered Office, & Registered Agent's**

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

**Name:**

SURESH K. KHATOR

Florida street address, (P.O. Box NOT acceptable): 15909 Layton Ct.

City, State, and Zip:

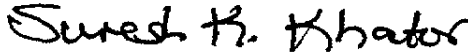
Tampa, Florida 33647

*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

(An additional article must be added if an effective date is requested)



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.)

Typed or printed name of signee

SURESH K. KHATOR

Filing Fees'

\$100.00 Filing Fee for Articles of  
Organization \$25.00 Designation of  
Registered Agent \$ 30.00 Certified  
Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -6 AM 8:57

APPROVED  
AND  
FILED