

LD60000032842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

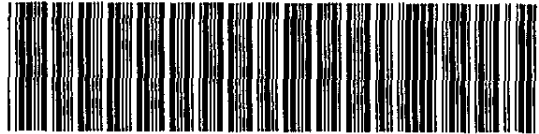
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/27/06--01014--016 \*\*150.00

FILED  
06 MAR 27 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Quinn MAR 29 2006

5909 Layton Ct  
Tampa, FL 33647

March 23, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sub: Official Registration of "SPRING HILL BUSINESS CENTER, LLC"

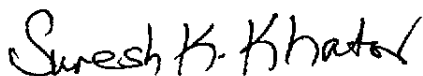
Dear Sir/Madam:

We would like to officially register our limited liability company in the State of Florida as "SPRING HILL BUSINESS CENTER, LLC." Please find enclosed the completed articles of organization duly signed by all members for the same. I am also enclosing a check for \$160.00 to cover the following filing fees:

Filing Fee for Article of Organization	\$100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	<u>5.00</u>
<b>Total fees</b>	<b>\$160.00</b>

I would appreciate your granting the approval of this corporation. Meanwhile, if you have any questions, I can be contacted at the above address. My email address is: [skhator@gmail.com](mailto:skhator@gmail.com) and my Cell Phone is (813) 417-2307.

Thank you,



Suresh K Khator

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

**ARTICLE I • Name:**

The name of the Limited Liability Company is:

SPRING HILL BUSINESS 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:

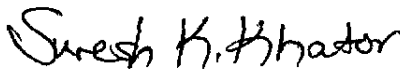
SURESH K. KHATOR

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

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