

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

W06000049201

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000130988 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

A jinky

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

2006 MAY 11 PM 12:58

FILED
SECRETARY OF
STATE
TALLAHASSEE
FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****THAKKAR ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

06 MAY 11 AM 9:25

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THAKKAR ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

4908 MISTY PINE TRAIL

LAKE WORTH, FL 33463

Mailing Address:

4908 MISTY PINE TRAIL

LAKE WORTH, FL 33463

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

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

VIKRAM THAKKAR

Name

4908 MISTY PINE TRAIL,

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

LAKE WORTH, FL 33463

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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, Florida Statutes.


Registered Agent's Signature

2006 MAY 11 PM 12:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION

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

MGRM

Name and Address:

VIKRAM THAKKAR

4908 MISTY PINE TRAIL

LAKE WORTH, FL 33463

(Use attachment if necessary)

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

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.)

VIKRAM THAKKAR

Typed or printed name of signer

2006 MAY 11 PM 12:58

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED