

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : MORAITIS, COFAR & KARNEY
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**KANHARI PARTNERS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

Prepared by: George R. Moraitis, Jr.
Moraitis, Cofar, Karney & Moraitis
915 Middle River Drive Suite 506
Fort Lauderdale FL 33304
Audit Fax No.: H06000141687 3

EFFECTIVE DATE

5-22-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kanihari Partners LLC
(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:

Tapan K Chakrabarty

(Name of Person)

(Firm/Company)

411 N New River Dr. E #801

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

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For further information concerning this matter, please call:

Tapan K Chakrabarty at 954 907 0016
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kanhari Partners LLC

(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:

Galleria Professional Building

915 Middle River Dr, Suite 506

Fort lauderdale, FL 33304

Mailing Address:

411 N New River Dr. E # 601

Fort Lauderdale, FL 33301

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:

George R. Moraitis, Jr.

Name

915 Middle River Dr., Suite 506

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

Fort Lauderdale

FL 33304

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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Prepared by: George R. Moraitis, Jr.
Moraitis, Cofar, Karney & Moraitis
915 Middle River Drive Suite 506
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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:MGRMTapan K Chakrabarty411 N. New River Dr. E # 801Fort Lauderdale, FL 33301__

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 22nd 2006 (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.)

TAPAN K. CHAKRABARTY

 Typed or printed name of signee

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)

Page 2 of 2

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