

LD0000062504

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H06000159909 3)))

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

To: Division of Corporations
Fax Number : (850) 205-0383
From: Account Name : RAJESH PATEL
Account Number : I20060000092
Phone : (813) 991-7865
Fax Number : (813) 991-7865

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Obispo Street, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
06 JUN 19 AM 9:52
DIVISION OF CORPORATION

06 JUN 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Home Menu Corporate Filing Menu Help

1599093)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OBISPO STREET, 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:

Mailing Address:

10226 GARDEN ALCOVE DRIVE
TAMPA
FL 33647

10226 GARDEN ALCOVE DRIVE
TAMPA
FL 33647

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:

RAJESH V. PATEL

Name

10226 GARDEN ALCOVE DRIVE

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

TAMPA FL 33647

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

1599093)

06 JUN 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

(H060001599093)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>RAJESH V. PATEL</u> <u>10226 GARDEN ALCOVE DRIVE</u> <u>TAMPA FL 33647</u>
<u>MGRM</u>	<u>SHAYNIKA R. PATEL</u> <u>10226 GARDEN ALCOVE DRIVE</u> <u>TAMPA FL 33647</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Rajesh Patel
 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.)
RAJESH V. PATEL
 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)

(H060001599093)

APPROVED
 AND
 FILED
 06 JUN 19 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA