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B. Tadlock "I" 9 A MITE

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	T: NARCISSUS OFFICE PARK, LLC (Name of Limited Liability Company)	
	(Cambot Blacking Company)	
The en	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	RAMBHAI K. PATEL (Name of Person)	
	(Firm/Company) INSURANCE GR	Lou
	4583 ST. JOHN'S PARKWAY # 444	•
	SANFORD, FL. 32M, (City/State and Zip Code)	
	(Chyrstate and Zip Code)	
For fur	er information concerning this matter, please call:	
$\mathfrak{R}$	Name of Person) at (407) 493 - 5562 (Area Code & Daytime Telephone Number)	
Enclos	d is a check for the following amount:	
<u></u> \$125	Of Filing Fee [ ] \$130.00 Filing Fee &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2006

RAMBHAI K. PATEL % ASIAN AMERICAN NATIONS INSURANCE GROUP 4583 ST. JOHN'S PARKWAY, #444 SANFORD, FL 32771

SUBJECT: NARCISSUS OFFICE PARK, LLC

Ref. Number: W06000030474

We have received your document for NARCISSUS OFFICE PARK, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 6, 2006. Please amend your document accordingly.

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) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 406A00044336

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
MARCISSUS OFFICE PARK, 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:			
135 PRIMERA BLUD, #215 4583 ST. JOHN'S PARKWAY LAKE MACY, FL. 32796 SANFORD, FL. 32771			
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:    Ambhai			
Rulate			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	FLAMBHAI K. PATEL 340 MEADOW BEAUTY TERR. SAMFORD FL. 32771
werm	VISHAL PATEL 5118 OTTERS DEN TRAIL SANFORD, FL 32771
MGRM	VIKASH PATEL 1690 ASTOR FARMS PLACE SAMFORD, FL. 32771
(Use attachment if necessary)	Red Red
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: 07 \03\06. (OPTIONAL)  se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Signature of a member or an authorized representative of a member.

that the facts stated herein are true.)

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)