

LO6000107427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

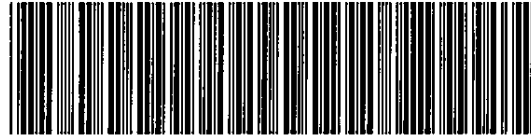
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300081290483

11/03/06--01007--017 \*\*130.00

FILED

2006 NOV -3 PM12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO6-107427  
AR

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHRI GANESH, 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:

Pravin D. Patel

(Name of Person)

(Firm/Company)

116 W. BOUGAINVILLEA AVENUE

(Address)

TAMPA, FL 33612

(City/State and Zip Code)

For further information concerning this matter, please call:

Pravin D. Patel

(Name of Person)

at ( 813 ) 935-2591

(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

2006 NOV -3 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SHRI GANESH, 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:

116 W. BOUGAINVILLEA AVENUE  
TAMPA, FL 33612

#### Mailing Address:

116 W. BOUGAINVILLEA AVENUE  
TAMPA, FL 33612

### 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:

PRAVIN D. PATEL

Name

116 W. BOUGAINVILLEA AVENUE

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

TAMPA, FL 33612

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..*

Pravin D Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2006 NOV -3 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:**

MGR

PRAVIN D. PATEL, .  
17605 HACKAMORE PLACE  
LUTZ, FL 33549

MGRM

CHANDRAVADAN J. PATEL  
12623 CLARK ROAD  
TAMPA, , FL 33618

MGRM

SUMITA J. PATELL  
112402 MEMORIAL HWY  
TAMPA,, FL 33635

MGRM

SANJIV K. DESAI  
7130 WAREHAM DRIVE  
TAMPA, FL 33647

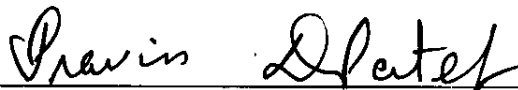
(Use attachment if necessary)

**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.)

FILED  
2006 NOV -3 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)

PRAVIN D. 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)**