

L07000042436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

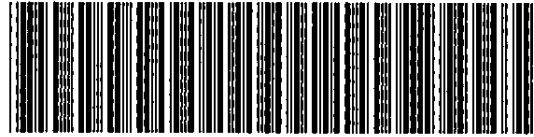
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

[Handwritten Signature]

Office Use Only



500092222465

EFFECTIVE DATE

4/18/07

FILED

07 APR 20 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 APR 20 PM 2:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

EFFECTIVE DATE

4/18/07

ACCOUNT NO. : 072100000032

REFERENCE : 861134 7545859

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

FILED
07 APR 20 PM 4:39
TALLAHASSEE FLORIDA
SECRETARY OF STATE

ORDER DATE : April 20, 2007

ORDER TIME : 1:49 PM

ORDER NO. : 861134-005

CUSTOMER NO: 7545859

DOMESTIC FILING

NAME: NEW PORT RICHIE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

EFFECTIVE DATE

4/18/07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 20 PM 4:39

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW PORT RICHEY, LLC, a Florida limited liability company

(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:

1213 ANDES DRIVE
WINTER SPRINGS, FLORIDA 32708

Mailing Address:

1213 ANDES DRIVE
WINTER SPRINGS, FLORIDA 32708

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:

HANSRAJ PALEJA

Name

1213 ANDES DRIVE

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

WINTER SPRINGS, FL 32708

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)

ARTICLE VI: Purpose of the Limited Liability company:

The purpose for which this Limited Liability company is organized is for any and all lawful business

