

L08000036267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

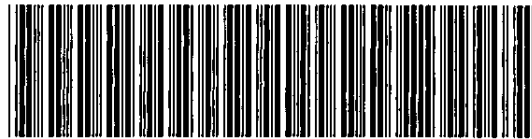
(Business Entity Name)

(Document Number)

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04/04/08--01013--025 \*\*160.00

Effective Date 04/06/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR - 4 PM 1:36

W08-1766  
APR - 7 2008

J. BRYAN

APR 10 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2008

PARU MADHAV  
INVESTMENT SPECIALISTS, LLC  
5301 CONROY RD SUITE 180  
ORLANDO, FL 32811

SUBJECT: INVESTMENT SPECIALISTS, LLC  
Ref. Number: W08000017664

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We have received your document for INVESTMENT SPECIALISTS, 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 008A00020311

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Investment Specialists, 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:

**Paru Madhav**

(Name of Person)

**Investment Specialists, LLC**

(Firm/Company)

**5301 Conroy Rd Suite 180**

(Address)

**Orlando, FL 32811**

(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

**Raj Madhav**

(Name of Person)

at ( 407 ) 267-7575

(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:

Investment Specialists, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

5301 Conroy Rd Suite 180  
Orlando, FL 32811

#### Mailing Address:

5301 Conroy Rd Suite 180  
Orlando, FL 32811

### 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:

Raj Madhav

Name

Effective Date 04/06/08

13500 mallard Crossing St

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

Orlando, FL 32837

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 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

Paru Madhav

5301 Conroy Rd

Orlando, FL 32811

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4-6-08 (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.)

PARU MADHAV  
\_\_\_\_\_  
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)