

L08000046194

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DIVISION OF CORPORATIONS
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W08-14939
J. BRYAN MAR 21 2008

J. BRYAN

MAY - 9 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nrityanjali International Performing Arts 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:

Anita Amin

(Name of Person)

Nrityanjali International Performing Arts LLC

(Firm/Company)

4613 N University Drive #267

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

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For further information concerning this matter, please call:

Anita Amin

(Name of Person)

at (954) 3403870

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2008

ANITA AMIN
NRITYANJALI INTERNATIONAL PERFORMING ART
4613 N UNIVERSITY DRIVE #267
CORAL SPRINGS, FL 33067

SUBJECT: NRITYANJALI INTERNATIONAL PERFORMING ARTS LLC
Ref. Number: W08000014939

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DIVISION OF CORPORATIONS
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We have received your document for NRITYANJALI INTERNATIONAL PERFORMING ARTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

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: 908A00017091

NRITYANJALI INTERNATIONAL PERFORMING ARTS LLC

To whom so ever it may concern:

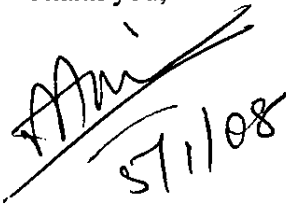
Dear Sir/Madam,

Please find inside enclosed a check of \$160 for filing my business NRITYANJALI INTERNATIONAL PERFORMING ARTS LLC. I did not include it with my application hence sending it now. Please see below for my filing information. Please feel free to contact me at 954 340 3870 if you need further info or details.

Document Number: W08000014939

Filed Date: 03/21/2008

Thank you,



Anita Amin
NRITYANJALI INTERNATIONAL PERFORMING ARTS LLC
954 340 3870

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nrityanjali International Performing Arts 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:

4613 N University Drive, #267

Coral Springs, FL 33067

Mailing Address:

4613 N University Drive, #267

Coral Springs, FL 33067

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:

Anita Amin

Name

4613 N University Drive, #267

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

Coral Springs, FL 33067

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)

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(CONTINUED)

Page 1 of 2

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 Anita Amin

4613 N University Drive, #267

Coral Springs, FL 33067

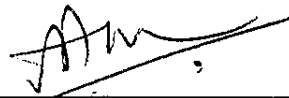
(Use attachment if necessary)

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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:



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.)

Anita Amin

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)