L08000079852

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000198211 3)))


**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

L. SELLERS
AUG 21 2008
EXAMINER

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### DWELLINGS & ABODES LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | $155.00 |

RECEIVED
08 AUG 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 AUG 20 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H08000198211 3

# ARTICLES OF ORGANIZATION
# FOR
# FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

DWELLINGS & ABODES LLC

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|---|
| 2034 BONISLE CIRCLE | 2034 BONISLE CIRCLE |
| PALM BEACH GARDENS | PALM BEACH GARDENS |
| FL 33418 | FL 33418 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:

ARVIND B. AJINKYA
Name

4524 GUN CLUB RD. #102
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33415
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, Florida Statutes..*

Registered Agent's Signature

FILED
08 AUG 20 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA



H08000198211 3

**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: |
|---|---|
| MGRM | SURESH KORAPATI<br>2034 BONISLE CIRCLE<br>PALM BEACH GARDENS, FL 33418 |
| | |
| | |
| | |

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

ARVIND B. AJINKYA
Typed or printed name of signer

FILED
08 AUG 20 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA