

L090000 2/33/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

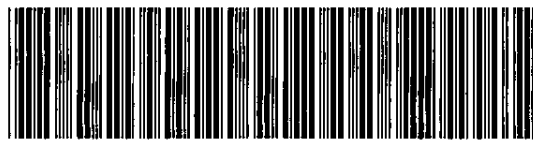
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
A. LUNT
MAR - 4 2009
EXAMINER

Office Use Only



300144574333

03/03/09--01014--019 **155.00

FILED
2009 MAR - 3 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ALLEN
CORPORATION
SUPPLY

10440 PIONEER BLVD., SUITE 8
SANTA FE SPRINGS, CA 90670
562.906.1635 FAX 562.906.1645
www.allencorpsupply.com

February 27, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: HARIKRISHNAN D. NAIR, LLC

Please file the enclosed Articles of Organization for the company named above, and forward a **certified copy** of the Articles to the letterhead address. Please process this request on an **Expedited Basis**.

Also enclosed is a check payable to Florida Department of State in the amount of \$155.00 to cover all costs associated with this request, and a Federal Express air bill for use. Also please attach a statement of all your charges.

Do not hesitate to contact me with any questions.

Sincerely,

Michelle Lewis
Michelle Lewis

2009 MAR 8 PH 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARIKRISHNAN D. NAIR, 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:

Michelle Lewis

(Name of Person)

Allen Corporation Supply Co., Inc.

(Firm/Company)

10440 Pioneer Blvd., Suite #8

(Address)

Santa Fe Springs, CA 90670

(City/State and Zip Code)

2009 MAR -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Michelle Lewis at (**562**) **906-1635**
(Name of Person) (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:

HARIKRISHNAN D. NAIR, 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:

Mailing Address:

808 Drinnon Dr
Morristown Tennessee 37816

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:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box **NOT** acceptable)
Weston, FL 33331
City, State, and Zip

2009 MAR -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

MGRM

Harikrishnan D. Nair
808 Drinnon Dr.
Morristown, Tennessee 37814

SECRETARY OF STATE
ALLIANCE FLORIDA

2009 MAR -3 PM 2:58

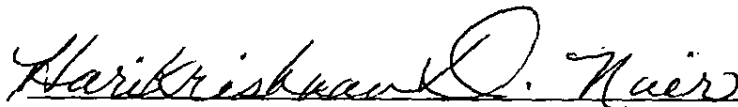
FILED

(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.)

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.)

Harikrishnan D. Nair

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)