

L10000001074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

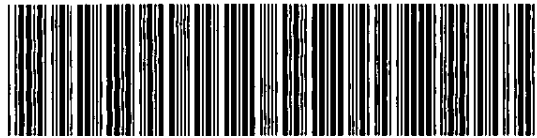
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CUNE

JAN - 5 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GOOD MORNING HOUSE 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:

**Bihari Kalra**

(Name of Person)

**GOOD MORNING HOUSE LLC**

(Firm/Company)

**85 Huron Avenue**

(Address)

**Tampa, Florida - 33606**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Bihari Kalra**

(Name of Person)

at ( **813** ) **416-9921**

(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

2010 JAN -1, PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Bihari Kalra  
85 Huron Avenue  
Tampa, FL 33606

Certified Mail: 7008 1300 0001 1127 1912

To:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Release of Entity Name  
RE: GOOD MORNING HOUSE LLC, L08000002284

Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate  
'GOOD MORNING HOUSE LLC' and

I am releasing its name - 'GOOD MORNING HOUSE LLC'

Yours Sincerely,

(Bihari Kalra, Manager)

*B Kalra*  
Yours Sincerely,

(Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an oath was taken. (Check one :)

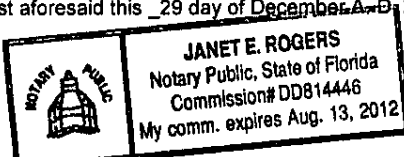
☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:

Drivers License No. \_\_\_\_\_

Witness my hand and official seal in the County and State last aforesaid this 29 day of December, 2009

*Janet E Rogers*  
Notary Signature

Notary Seal



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

GOOD MORNING HOUSE 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:

85 Huron Avenue

Tampa, Florida - 33606

#### Mailing Address:

85 Huron Avenue

Tampa, Florida - 33606

### 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:

Bihari Kalra

Name

85 Huron Ave

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

Tampa, Florida - 33606

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..*

Bonkabra

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

Bihari Kalra

85 Huron Avenue

Tampa, Florida - 33606

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/2/2010

(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.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

*Bnkakra*

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.)

Bihari Kalra

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)**