

L10000002204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

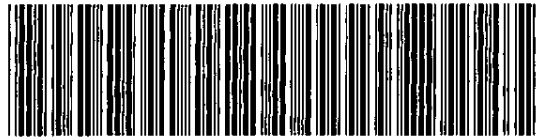
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800164033988

01/04/10--01047--004 **125.00

FILED
10 JAN -4 PM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JAN 5 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ben Kalra Management Group 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)

Ben Kalra Management Group 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

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: Ben Kalra Management Group LLC, L08000050687

Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate
'Ben Kalra Management Group LLC' and

I am releasing its name – 'Ben Kalra Management Group LLC'

Yours Sincerely,

B. Kalra

(Bihari Kalra, Manager)

STATE OF Florida, COUNTY OF Hillsborough

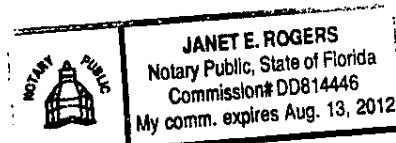
I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an 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 A. D. 2009

Janet E. Rogers Notary Seal
Notary Signature
Janet E. Rogers
Print Name



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ben Kalra Management Group 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.

Bmkalra

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 JAN - 4 PM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN - 4 PM 8:26

FILED

(Use attachment if necessary)

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

Bnkalra

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)