

110000052807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

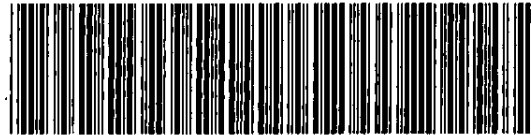
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100180651431

05/14/10--01007--029 **160.00

FILED
10 MAY 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 17 2010

EXAMINER

EFFECTIVE DATE

5/11/10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRI VISTA ENTERPRISES 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:

VAN V. SHANTHARAM MD FRCP(C)
Name of Person

SRI VISTA ENTERPRISES LLC
Firm/Company

12474 MANDARIN ROAD
Address

JACKSONVILLE FL 32223-1817
City/State and Zip Code

VSHANTHARAM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VAN V. SHANTHARAM at (904) 268-4304
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

10 MAY 14 AM 11:54
FILED
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SRI VISTA ENTERPRISES 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:

12474 MANDARIN ROAD
JACKSONVILLE FL
32223-1817

Mailing Address:

12474 MANDARIN ROAD
JACKSONVILLE FL
32223-1817

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.)

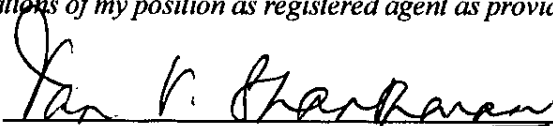
The name and the Florida street address of the registered agent are:

VAN V. SHANTHARAM MD, FRCP(C)
Name

12474 MANDARIN ROAD
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32223-1817
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)

(CONTINUED)

Page 1 of 2

FILED
10 MAY 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 5/11/10

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

VAN V. SHANTHARAM MD FRCP(C)
12477 MANDARIN ROAD
JACKSONVILLE FL 32223-1817

MGRM

POORNIMA SHANTHARAM - TTEE
12477 MANDARIN ROAD
JACKSONVILLE FL 32223-1817

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 11, 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:

Poornima Shantharam

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.)

POORNIMA SHANTHARAM - TTEE

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)

FILED
10 MAY 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA