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TALLAHASSEE, FLORIDA

COVER LETTER

, TO:

Registration Section

Division of Corporations			
	h		
SUBJECT: Maya S	harma Investments, LI		
	Name of Limit	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Chris Wilson			
		Name of Person	
Maya Sharma	a Investments, LLC.		
		Firm/Company	
716 Hughey S	Street		
		Address	
Kissimmee, F	L 34741		
	Cid	ty/State and Zip Code	
Floridanog@a			
***	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Chris Wilson		_at (407)944-4744	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 Of Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Maya Sharma Investments, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Smeer Sharma	Smeer Sharma
139 Abetti Ridge, Nepean, Ottawa	139 Abetti Ridge, Nepean, Ottawa
Ontario, Canada K2J 0Y6	Ontario, Canada K2J OY6
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Chris Wilson	
	Name Ag 3
716 Hughey Street	Name SSET OF STATE O
Florida stro	ect address (P.O. Box NOT acceptable)
Kissimmee	FL 34741
C	ity, State, and Zip
Having been named as registered agent ar liability company at the place designate	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Smeer Sharma 139 Abetti Ridge, Nepean, Ottawa Ontario, Canada K2J 0Y6 MGR Shane Merali 1153 Mulder Ave. Ottawa, Ontario K4A KG9 (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:**

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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