

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000254689 3)))



H100002546893ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

10 NOV 24 PM 2:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**chandanki group, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

10 NOV 24 AM 8:24

FILED

Electronic Filing Menu

Corporate Filing Menu

Help **J. BRYAN**

NOV 29 2010

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**EXAMINER**

H10000254689

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

CHANDANKI GROUP, LLC

ARTICLE II - STREET ADDRESS AND MAILING ADDRESS  
OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND THE MAILING ADDRESS OF THE  
LIMITED LIABILITY COMPANY IS:

11352 LIBBY ROAD  
SPRING HILL, FLORIDA 34609

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF  
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

HINABEN M. PATEL  
11352 LIBBY ROAD  
SPRING HILL, FLORIDA 34609

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, FLORIDA STATUTES.

DATED: 11/24/2010

*Hinaben Patel*  
HINABEN M. PATEL

H10000254689

10 NOV 24 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H10000254689

**ARTICLE IV - MANAGEMENT**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS  
AS FOLLOWS:

MANAGER:

HINABEN M. PATEL  
11352 LIBBY ROAD, SPRING HILL, FLORIDA 34609

DATED: 11/24/2010

Hinaben Patel  
HINABEN M. PATEL

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE  
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER  
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

FILED

10 NOV 24 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H10000254689