

L11000041883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

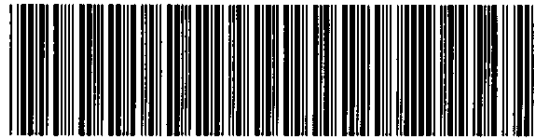
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

APR 7 2011

**EXAMINER**



500200144405

RECEIVED  
11 APR -7 PM 2:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR -7 PM 3:57



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 735562 7828149

AUTHORIZATION :

*Squiddean*

COST LIMIT : \$ 125.00

FILED STATE  
SECRETARY OF STATE  
CORPORATIONS  
11 APR -7 PM 3:57

ORDER DATE : April 6, 2011

ORDER TIME : 11:12 AM

ORDER NO. : 735562-001

CUSTOMER NO: 7828149

DOMESTIC FILING

NAME: CRESK, LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CRESK, 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:

Troy Todd

Name of Person

The Company Corporation

Firm/Company

1201 Hays Street

Address

Tallahassee, FL 32301

City/State and Zip Code

mchamarthy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Todd

Name of Person

at ( 850 ) 521-0821 x2940

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR -7 PM 3:57

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CRESK, 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:**

**Mailing Address:**

4310 Aldon Court  
Palm Harbor, FL 34685

4310 Aldon Court  
Palm Harbor, FL 34685

**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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
City, State, and Zip

FILED OF STATE  
SECRETARY OF CORPORATIONS  
11 APR - 7 PM 3:51

*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..*

Corporation Service Company

By: Troy Todd  
Registered Agent's Signature (REQUIRED) **as its agent**

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Manik Chamарthy</u> <u>4310 Aldon Court</u> <u>Palm Harbor, FL 34685</u>
<u>MGRM</u>	<u>Convergent Management LLC</u> <u>3105 W. Waters Avenue, Suite 107</u> <u>Tampa, FL 33614</u>
<u>MGRM</u>	<u>Murali Edula</u> <u>10312 Paxton Run Road</u> <u>Charlotte, NC 28277</u>
<u>MGRM</u>	<u>Nagasudha Malapati</u> <u>42345 Astors Beachwood Ct.</u> <u>Chantilly, VA 20152</u>

(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:**

/s/Manik Chamарthy  
**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Manik Chamарthy, Member  
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)

**CRESK, LLC**  
Additional Members

Ravinder Eeraveni  
15335 W Montecito Avenue  
Good Year, AZ 85395

Sury Putta  
4235 River Road  
Latham, NY 12110

Raghunada Kotha  
10126 Paxton Run Road  
Charlotte, NC 28277

Leelakrishna Nallamshetty, Trustee of  
Leelakrishna Nallamshetty Family Living Trust  
405 S Shore Crest Dr  
Tampa, FL 33609

Srinivas Sanka  
3416 W. San Pedro Street  
Tampa, FL 33629

Anuja Nakkana  
PO Box 30425  
Palm Beach, FL 33420-0425