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EXAMINER



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SECRETARY OF SECRETARY OF SECRETARY OF SECRETARY OF CORPORAL.

COVER LETTER

EFFECTIVE DATE TO: **Registration Section Division of Corporations** CHANDY CONSTRUCTION, LLC SUBJECT: 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: CHANDRADIPDATH Name of Person CHANDY CONSTRUCTION, LLC Firm/Company 6422 EUGENE AVENUE Address 33619 TAMPA FL City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chandradipdath Seegobin Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **▼**\$125.00 Filing Fee __\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

EFFECTIVE DATE 6 201

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHANDY CONSTRUCTION, 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:	
6422 Eugene Avenue	6422 Eugene Avenue	
Tampa FL 33619	Tampa FL 33619	
1		
;	······································	

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:

Chandradipdath See	gobin
Nam	ne
6422 Eugene Av	venue
Florida street a	ddress (P.O. Box NOT acceptable)
Tampa FL 33619	_{FL} 33619
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

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

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

MGR	Chandradipdath Seegobin
	6422 Eugene Avenue
	Tampa FL 33619
	
(Use attachment if necessary)	
FV. Effective date if other than the	he date of filing: June 1, 2011 . (OPTION
	be specific and cannot be more than five business da

REQUIRED SIGNATURE:

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.)

Chandradipdath Seegobin

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)