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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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B. BOSTICK
JUN 2 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ıs	·,	
SUBJECT: A 2 1	FOOC	GROUP L	Le
	Name of Limited	Liability Company	
The enclosed Articles of Organiza	ition and fee(s) are sub	omitted for filing.	
Please return all correspondence of	oncerning this matter	to the following:	
ARUN	120m		
	Ni	ame of Person	
	ıFi	rm/Company	
261, W	, 35 5	Street, Su	? le # 504
		Address	
New	YORK,	N4 - 1	0001
	City/Si	tate and Zip Code	
E-mail	address: (to be used for t	uture annual report notification)	>
For further information concerning	z this matter, please ca	At:	26 REPLANTED FOR STATE LORID
ADUN 100	m A-R	212 . 220	$S = 24R\widetilde{T}S = 3$
Name of Person	a	Area Code & Daytime Tel	lephone Number
			95A :
Enclosed is a check for the following	owing amount:		0F 5
	-	70.5500 PUL P. 0. I	70140 00 700
\$125.00 Filing Fee \$130.00	icate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
Co	cate of Blacks	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
_			
<u>Mailing</u>	Address	Street/Courier Address	5
	ution Section	Registration Section	••
P.O. Bo	n of Corporations ox 6327	Division of Corporation Clifton Building	18
	ssee Fl 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	.F.	I - 1	Na	me	•

The name of the Limited Liability Company is:

(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:

2048 COUNTRY CLUB DRIVE	2048	COUNTRY	CLUB DRIVE
PORT ORANGE	PORT	ORANGE	
FL - 32128		32128	

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:

PORT ORANGE FL 32128

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)

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
marm	ARUN KUMAR 261 W; 35 M ROOM # 500 NEWYORK NY-10119
mar	DEAN EDELMAN 2048 COUNTRY CLUB OR PORT DRANGE FL-3-17
	ALL
	OSEE F.
(Use attachment if necessary)	OND A
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days p
nective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	

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)

Typed or printed name of signee