

L11000119506

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 2 2011
EXAMINER

COVER LETTER*

TO: Registration Section
Division of Corporations

SUBJECT: VISHVAS HOSPITALITY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHANDRAKANT THUMAR

Name of Person

VISHVAS HOSPITALITY LLC

Firm/Company

2901 N.OCEAN DRIVE

Address

HOLLYWOOD,FL.33019

City/State and Zip Code

CHANDUTHUMAR@YAHOO.COM

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

For further information concerning this matter, please call:

FARAH BOKHARI

Name of Person

at (305)

594-9198

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: VISHVAS HOSPITALITY LLC L11000119506

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

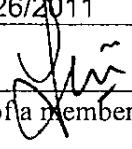
NAME: USHA KUMARI IS INCOMPLETE

COMPLETE NAME : USHA KUMARI C.THUMAR

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 10/26/2011



Signature of a member or authorized representative of a member

FARAH BOKHARI

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
2011 NOV - 1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000119506
FILED 8:00 AM
October 19, 2011
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
VISHVAS HOSPITALITY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2901 NORTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

The mailing address of the Limited Liability Company is:
2901 NORTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CHANDRAKANT THUMAR
2901 NORTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

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.

Registered Agent Signature: CHANDRAKANT THUMAR

Article V

The name and address of managing members/managers are:

Title: MGRM
CHANDRAKANT THUMAR
2901 NORTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

Title: MGR
USHA KUMARI
2901 NORTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

L11000119506
FILED 8:00 AM
October 19, 2011
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

10/19/2011

Signature of member or an authorized representative of a member

Electronic Signature: CHANDRAKANT THUMAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.