# L12000007296

(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:





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## **COVER LETTER**

TO:	Registration Solution Of Co.		•		·
SUBJE	cr. Aakas	shAzul			
			ted Liability Compa	ıny	
The en	closed Articles of	Organization and fee(s) are	submitted for filing	<u>.</u>	
Please	return all correspo	ondence concerning this mat	ter to the following	;	
	Ajay Pate	əl			
			Name of Person	•	
	AakashA	zul		•	
•			Firm/Company	<del>-</del>	· · · · · · · · · · · · · · · · · · ·
	8070 we	st Hwy 326			
•			Address		
(	Ocala, Florid	da 34482			
			y/State and Zip Code		
<u>-</u>	aakashazul	09@gmail.com E-mail address: (to be used	C C		
For furt	her information o	oncerning this matter, pleas		rt nooneation)	
		oncerning this matter, pieas	c can,		
Hites	h Patel		at ( <u>352</u> )	484 4888	3
	Name o	f Person	Area Code	& Daytime Telep	shone Number
Enclos	ed is a check for	the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by	\$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	Registration Division of Clifton Bu 2661 Exec	urier Address on Section of Corporations uilding cutive Center C ec, FL 32301	ircle

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

AF	<b>R</b> T	I	C	$\mathbf{L}$	E	I	_	N	a	m	e	:

The name of the Limited Liability Company is:

# AakashAzul, L.L.C.

(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:

8070 West Hwy 326

Ocala, Florida 34482

1 Stanton Court

Plainsboro, New Jersey 08536

#### 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:

AjayPatel

Name

# 8070 west hwy 326

Florida street address (P.O. Box NOT acceptable)

Ocala

FL 34482mgr 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/us registered agent as provided for in Chapter 608, F.S..

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:

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(OPTIONA)
nore than five business days
•
1
ntive of a member.
а

(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.)

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)

DIVISION OF CORPORATIONS