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TO:	Registration Section Division of Corporations	i ,	•	de degr _i a	46		
SUBJECT: Shri Ashapuri, LLC							
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Articles of Correction and	fee(s) are sub	mitted fe	or filing.			
Please	return all correspondence concern	ing this matte	r to the	following	:		
	Robert J Eldi Name of Person						
	RJ Eldredge						
	Firm/Company						
	3580 E Gulf To L Address	ake Hwy					
	Inverness, FL City/State and Zip C		<u>.</u>				
E	roberteldredge@h -mail address: (to be used for futu	otmail.con	1 ort notif	ication)			
For fu	ther information concerning this r	natter, please	call:				
	Robert J Eldredge		at (352	344-8300		
	Name of Person		-	Area Cod	e & Daytime Telephone Number		
STRE Registr Division Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	sed is a check for the following a				F		
√ \$25	Filing Fee \$\int \$30 \text{ Filing Fee} \text{Certificate of }		55 Filing Pertified		\$60 Filing Fee, Certificate of Status & Certified Copy		

Electronic Articles of Organization For Florida Limited Liability Company

L12000043982 FILED 8:00 AM March 30, 2012 Sec. Of State

Article I

The name of the Limited Liability Company is: SHRI ASHAPURI, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

8810 SW HWY 200 STE 212 OCALA, FL. 34481

The mailing address of the Limited Liability Company is:

8810 SW HWY 200 STE 212 OCALA, FL. 34481

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:

ROBERT J ELDREDGE 3580 E GULF TO LAKE HWY INVERNESS, FL. 34453

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: ROBERT J ELDREDGE

Article V

The name and address of managing members/managers are:

Title: MGRM SANJAY K DURGASHANKAR 8810 SW HWY 200 STE 212 OCALA, FL. 34481 US L12000043982 FILED 8:00 AM March 30, 2012 Sec. Of State ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

03/29/2012

1

Signature of member or an authorized representative of a member

Electronic Signature: SANJAY K DURGASHANKAR

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.