

L12000045549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

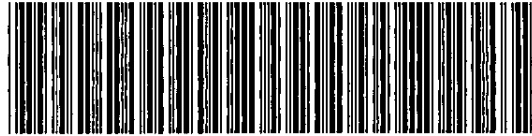
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12 APR -2 AM 12:48
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 03 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5036 SHOREWAY LOOP, LLC
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:

VIJAYA N. KOKA, TRUSTEE

Name of Person

5036 SHOREWAY LOOP, LLC

Firm/Company

3591 SW 26TH AVENUE

Address

OCALA, FL 34474

City/State and Zip Code

kokavijay@hotmail.com

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

For further information concerning this matter, please call:

VIJAYA N. KOKA, TRUSTEE

Name of Person

at (352) 622-4251

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
12 APR -2 AM 10:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5036 SHOREWAY LOOP, 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:

VIJAYA N. KOKA
2111 SW 20TH PLACE
OCALA, FL 34474

Mailing Address:

VIJAYA N. KOKA
2111 SW 20TH PLACE
OCALA, FL 34474

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:

VIJAYA N. KOKA
Name


2111 SW 20TH PLACE

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

OCALA FL 34474
City, State, and Zip

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TALLAHASSEE FLORIDA

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

EFFECTIVE DATE 03/30/12

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

VIJAYA N. KOKA FAMILY TRUST

3591 SW 26TH AVENUE

OCALA, FL 34474

MGRM

JANAKI S. KOKA

3591 SW 26TH AVENUE


OCALA, FL 34474

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 30, 2012. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 the State constitutes a third degree felony as provided for in s.817.155, F.S.)

VIJAYA N. KOKA, TRUSTEE

Typed or printed name of signer

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)

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12 APR -2 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA