## 212000053911

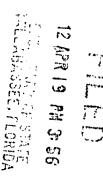
_						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
Special Instructions to Filing Officer:						
i						

Office Use Only



700230068707

04/19/12--01017--031 \*\*130.00



D. BRUCE

APR 20 2012

**EXAMINER** 

## **COVER LETTER**

Division of	Corporations						
SUBJECT: Sha	ay IIc						
		ed Liability Compa	iny				
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing	ζ.				
Please return all corre	espondence concerning this matt	er to the following	:				
Aman p	atel						
<del></del>		Name of Person					
Shaay II	lc						
		Firm/Company					
30613 la	atourette dr						
		Address	- <u></u> -				
wesley ch	napel, fl 33545				1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	12	
	Cit	y/State and Zip Code	;		37	)785-	1-1
marchu11	2@yahoo.com				30 ml	<del></del>	
	E-mail address: (to be used t	·	ort notification)		min.	11: 10:	<u>.</u>
For further information	on concerning this matter, please	e call:			177 (V)	ć€ ≘x:	A see to
aman patel		_at ( 813	363-1240			cu cu	
Nar	ne of Person	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 Filin Certified Co (additional cop	ру	\$160.00 Fili Certificate of Certified Co (additional cop	f Status py	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -		ta.	
i ne name or u	ne Limited Liability Company	IS:	
Shaay Ilo			
<del></del>	(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II The mailing ac		e principal office of the Limited Li	ability Company is:
Principal Off	ice Address:	Mailing Address:	
Aman Patel		same as office address	
30613 latouret			
wesley chapel	fl 33544		
		he registered agent are:	12 APR 19 FM
	30613 latourett		52: 00 1
		t address (P.O. Box <u>NOT</u> acceptable)	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	wesley chapel	<sub>FL</sub> 33544	]>
	City	, State, and Zip	
liability co registered ag statutes rela	empany at the place designated ent and agree to act in this capa eting to the proper and complete obligations of my position as f	to accept service of process for the in this certificate, I hereby accept the acity. I further agree to comply with e performance of my duties, and I are gistered agent as provided for in Company (REQUIRED)	he appointment as h the provisions of all m familiar with and

(CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member mgrm Aman Patel 30613 latourette dr wesley chapel, fl 33545 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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 State constitutes a third degree felony as provided for in s.817.155, F.S.) Aman Patel 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)

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

\$ 5.00 Certificate of Status (Optional)