

Apr. 25, 2012 5:38 PM
Division of Corporations

Gerald Weinberg, P.C.

Page 10 of 18

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AMBARWADIKAR INDUSTRIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

APR 27 2012

EXAMINER

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TALLAHASSEE, FLORIDA

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(H/20001133043)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMBARWADIKAR INDUSTRIES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11320 EDGEWATER CIRCLE
WELLINGTON
FL 33414

11320 EDGEWATER CIRCLE
WELLINGTON
FL 33414

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:

SUREKHA AMOL SANAP

Name

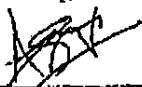
11320, EDGEWATER CIRCLE

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

WELLINGTON FL 33414

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 as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(H/20001133043)

2012 APR 26 AM 06:05

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TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

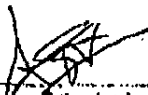
MGRM

SUREKHA AMOL SANAP
11320 EDGEWATER CIRCLE
WELLINGTON FL - 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/25/2012 (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 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SUREKHA AMOL SANAP

Typed or printed name of signee

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