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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER

JUN 1 2012

COVER LETTER

Division of Corporations
SUBJECT: YUGAM ENFORMATION TECHNOLOGY 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:
BHASKOR PAKALA
Name of Person
Firm/Company
201
2854 HAMPTON MEADOW DA
radiosy
TOLLAMOSSOG FC /22311 FINE
City/State and Zip Code
PAKALA (a) GMAIL (a) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BHAKKAR PAKALA at (850) 339-0197 55 Name of Person Area Code & Daytime Telephone Number 277
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee,} \tag{\$160.00 Filing Fee} \t
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Market Andrews
Mailing Address Registration Section Street/Courier Address Registration Section
Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
YUGAM INFOLMATION TER (Must end with the words "Limited Liability	HLOGY LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prit	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2854 HAMPTON MEADOLS OV TALLAHOSSE, FL, 3234	SBM F
TBLLATHOSKEC, City, State Having been named as registered agent and to accept a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	gistered agent are: ADAL APPROXIMATION MOT acceptable) ADAL APPROXIMATION MOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

CRM	BHOSKAR PAKALA 284 HOMOTON MEDDOLLOV THE FL. 7231)
	ALL CAR
	→ □ → □ → □ → □ → □ → □ → □ → □ → □ → □
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attachment if necessary) Effective date, if other than the cover date is listed, the date must be after the date of filing.)	date of filing: (OPTION.
UIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
(In accordance with section 608.constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. action submitted in a document to the Department of State as provided for in s.817.155, F.S.)
B box Kor Typ	ped or printed name of signee
Filing Fees:	