

L120000 81158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

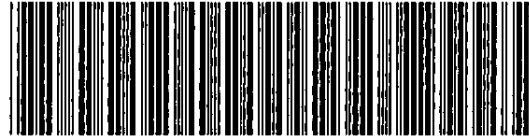
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
JUN 20 2012
EXAMINER



300236022013

06/18/12--01028--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 18 PM 5:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIFFY HOLDINGS 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:

SARATH RAVELLA

Name of Person

TIFFY HOLDINGS LLC

Firm/Company

8180 LAKEVIEW DR

Address

WEST PALM BEACH, FL 33412

City/State and Zip Code

ravellasarath@yahoo.com

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

For further information concerning this matter, please call:

SARATH RAVELLA

Name of Person

at (561)

691 5216

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 18 PM 5:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EIN # 45-54821
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 18 PM 5:57

TIFFY HOLDINGS 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:

8180 LAKEVIEW DR
WEST PALM BEACH
FL 33412

Mailing Address:

8180 LAKEVIEW DR
WEST PALM BEACH
FL 33412

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:

SARATH RAVELLA

Name

8180 LAKEVIEW DR

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

WEST PALM BEACH FL 33412

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.

Sarath Ravella

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

SARATH RAVELLA
8180 LAKEVIEW DR
WEST PALM BEACH, FL 33412

MGR

ARUNACHALAM THENAPPAN
7804 FAIRWAY LN
WEST PALM BEACH, FL 33412

MGRM

AMARTHI LLC
7804 FAIRWAY LN
WEST PALM BEACH, FL 33412

250%
ownership

MGRM

MADHAVI RAVELLA
8180 LAKEVIEW DR
WEST PALM BEACH, FL 33412

250%
ownership

(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.)

ARTICLE VI : Each MGRM. will hold 50% of ownership.

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.)

SARATH RAVELLA

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)
- \$ 5.00 Certificate of Status (Optional)