# L1200088811

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		i

Office Use Only



200237098172

07/05/12--01006--019 \*\*775.00

2012 JUL -5 AH D: 56
SECRETARY OF STATE

T. CLINE

JUL -9 2012

EXAMINER

## Manik R. Chamarthy Pramoda, LLC 10210 Thurston Groves Blvd. Seminole, FL 33778

June 29, 2012

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Pramoda, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Manik R. Chamarthy

Pramoda, LLC

**Enclosures** 

SECRETARY OF STATE

check stapled here

#### **ARTICLES OF ORGANIZATION**

of

#### PRAMODA, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Pramoda, LLC

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

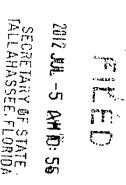
#### ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

10210 Thurston Groves Blvd. Seminole, FL 33778

The organization's mailing address shall be as follows:

10210 Thurston Groves Blvd. Seminole, FL 33778



### 'ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Manik R. Chamarthy 10210 Thurston Groves Blvd. Seminole, FL 33778

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.

Manik R. Chamarthy, Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Manik R. Chamarthy 10210 Thurston Groves Blvd. Seminole, FL 33778

Latha Chamarthy 10210 Thurston Groves Blvd. Seminole, FL 33778 2012 JUL -5 AH D: 56

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Manik R. Chamarthy 10210 Thurston Groves Blvd. Seminole, FL 33778

#### **ARTICLE VIII - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has execu	ited tr	iese
Articles of Organization this 29 <sup>th</sup> day of June, 2012		
Had Chart	SECR	2012 J
Manik R. Chamarthy	HAS	
STATE OF FLORIDA )	SEE 8	.Σ>
COUNTY OF PINELLAS )	F STA	X 1 15:
BEFORE ME, a Notary Public authorized to take acknowledgments in	ι the S	tate
and County set forth above, personally appeared Manik R. Chamarthy	/, know	n <sup>®</sup> to
me to be the person who executed the foregoing Articles of Organizati	on, or	who
presented <u>FL. D. Licensc</u> as identification,	and	who
acknowledged before me that he executed these Articles of Organization	on	

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 29<sup>th</sup> day of June, 2012

Notary Public, State of Florida at Large My Commission Expires:

