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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AJOONI, LLC	
	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	natter to the following:
JAGTAR S. SETHI ak	a: Jay Sethi
	Name of Person
AJOONI, LCC	
	Firm/Company
17110 Cypress Preserve	Parkway
	Address
Orlando, FL 32820	
	City/State and Zip Code
jay@ffr.us.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Jay Sethi	at (703 ) 675-4885
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	_
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$	✓\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

JAY SETHI 07/19/2012

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
A IOONII III O	
AJOONI, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
17110 Cypress Preserve Parkway	17110 Cypress Preserve Parkway
Orlando, FL 32820	Orlando, FL 32820
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature; stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:

Alka Sethi

Name

17110 Cypress Preserve Parkway

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

Orlando.

32820

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..

Alka Sedhi 07-17-2012 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 Jay Sethi 17110 Cypress Preserve Parkway Orlando, FL 32820 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: July 20, 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 608.408(3), Florida Statutes, the execution of this docume

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

constitutes an affirmation under the penalties of perjury that the facts stated herein are result am aware that any false information submitted in a document to the Department of State