

L12000132714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

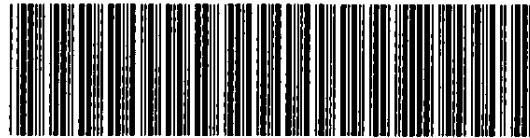
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



700240796947

Effective Date 11/01/12

10/17/12--01005--026 \*\*125.00

FILED  
OCT 17 AM 11:34  
DEPARTMENT OF REVENUE  
FALLON, NEVADA

J. BRYAN

OCT 18 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chateaulaine1st L.L.C.**  
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:

Milan Khakhria  
Name of Person

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Firm/Company

---

920 bayberry point dr  
Address

---

plantation FL 33324  
City/State and Zip Code

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KHAKHRIA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

FILED  
 2012 OCT 17 AM 11:34  
 TALLAHASSEE FL  
 STATE OF FLORIDA

For further information concerning this matter, please call:

PRITI KHAKHRIA at (954) 4836885  
 Name of Person 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chateaulaine1st 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:**

**Mailing Address:**

104NW 100th Ave  
FL 33324

920 BAYBERRY POINT DR  
PLANTATION FL 33324

**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.)

Effective Date 11/01/12

The name and the Florida street address of the registered agent are:

DaszkalBolton LLP

Name

490 Sawgrass Corporate Parkway, Suiyte 200

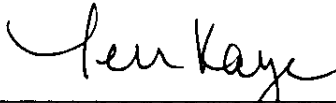
Florida street address (P.O. Box **NOT** acceptable)

Sunrise

FL 33325

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)

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2012 OCT 17 AM 11:34  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

**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

Milan Khakhria  
920 Bayberry Point Dr  
Plantation, FL 33324

MGRM

Priti Khakhria  
920 Bayberry Point Dr  
Plantation, FL 33324

\_\_\_\_\_

\_\_\_\_\_

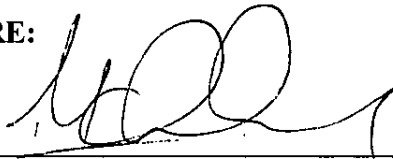
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/2012. (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 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.)

MILAN KHAKHRIA

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)

FILED  
OCT 17 AM 11:34  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT